

**29**

## Controlled Substance Application

Before you can prescribe any controlled substances in the state of Nevada, you **MUST OBTAIN** the following **IN THIS ORDER**:

1. Pending Controlled Substance (CS) registration number; **THEN**
2. Drug Enforcement Administration (DEA) number; **THEN**
3. Nevada Prescription Monitoring Program (PMP) account
4. Permanent Controlled Substance (CS) registration number.

Follow each step below **IN ORDER** to ensure successful processing of your application.

### Step 1: Obtaining your Controlled Substance (CS) registration number

- A. Complete the attached Controlled Substance Application (\*NOTE: You must have a current Nevada practice license from your licensing board AND a Nevada practice address to complete this application.)
- B. Mail your completed application with the required fee of \$200.00 (payable by check or credit card only) to:

**Nevada State Board of Pharmacy**

985 Damonte Ranch Pkwy Ste 206  
Reno, NV 89521

**This application cannot be returned by fax or email.**  
**An original signature and fee are required to process.**

- C. When we receive your completed application and fee, we will send you an email with your **PENDING CS** registration number once reviewed and approved.
- D. When you receive your **PENDING CS** registration number, you may proceed to Step 2 to apply for your DEA number.
- E. You ***WILL NOT*** receive your **ACTUAL CS** registration number until Steps 2 and 3 are completed.

### Step 2: Obtaining your Drug Enforcement Administration (DEA) number

- A. Complete the on-line DEA application at [deadiversion.usdoj.gov](http://deadiversion.usdoj.gov). If you already have a DEA number from another state, and you want to transfer that DEA number to Nevada, you will need to complete the DEA Registration Change Requests form. (\*NOTE: You must have your PENDING CS registration number to complete the DEA application or the Registration Change Requests form.)
- B. Once you complete the DEA application or the Registration Change Requests form, you will receive your DEA certificate in the mail.
- C. You ***MUST*** fax (775-850-1444) or email (<mailto:pharmacy@pharmacy.nv.gov>) a copy of your DEA certificate to the Nevada State Board of Pharmacy. Once you fax or email a copy of your DEA certificate to the Nevada State Board of Pharmacy, you may proceed to Step 3 to apply for your PMP account.

### **Step 3: Nevada Prescription Monitoring Program (PMP) account**

#### **(VETERINARIANS ARE EXEMPT FROM THIS STEP.)**

- A. Go to [nevada.pmpaware.net](http://nevada.pmpaware.net) and follow the instructions below to complete the on-line PMP application:
- a) Click "Create an Account".
  - b) Input your email address, create a password, click "Save and Continue".
  - c) Select Your User Role and click "Save and Continue".
  - d) Complete required "Personal" and "Employer" information. (\*NOTE: You must have your PENDING CS registration and DEA number to complete the PMP application.)
  - e) Complete and return the HealthCare Professional Certification Statement Form. This can be uploaded directly onto the site during registration, faxed to (775) 687-5161, or sent to [pmp@pharmacy.nv.gov](mailto:pmp@pharmacy.nv.gov).
  - f) You must verify your email by clicking on a link contained in an email from "No Reply PMP Aware". It is a computer generated email so it may go into your spam or junk file.
  - g) When the PMP administration receives your completed application, your PMP application will be approved within 1-3 business days. Once your application has been approved, you will receive an email stating your PMP application has been approved.

**Once you have completed Steps 1, 2, and 3 (or Steps 1, and 2 for Veterinarians) you will receive your ACTUAL CS registration number from the Nevada State Board of Pharmacy in the mail within 14 business days. You ARE NOT authorized to prescribe controlled substances in the state of Nevada until you have received your ACTUAL CS registration number.**

**CSR number expires October 31, of the even numbered years, despite when the license is issued. It is your responsibility to keep us up to date with your practicing address by notifying the board in writing. For questions, please contact the Nevada State Board of Pharmacy at (775) 850-1440.**

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

**CONTROLLED SUBSTANCE APPLICATION Registration Fee: \$200.00**  
 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

**(This application cannot be used by PA's or APRN's)**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Practice Name (if any): \_\_\_\_\_

Nevada Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PO Box: \_\_\_\_\_ SS#: \_\_\_\_\_

Degree: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Degree: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  M or  F

Practitioner License Number: \_\_\_\_\_ Specialty: \_\_\_\_\_

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

|  |       | Yes                      | No                       |
|--|-------|--------------------------|--------------------------|
| <p><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></p> |       |                          |                          |
|  |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....   |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...  |       | <input type="checkbox"/> | <input 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 type="checkbox"/> |
| <p><b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b></p>  |       |                          |                          |
| Board Administrative Action:   |       | State                    | Date: _____              |
|  |       |                          | Case #: _____            |
| Criminal Action:   | State | Date: _____              | Case #: _____            |
|  |       |                          | County                   |
|  |       |                          | Court                    |

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed physician 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

|  |
|--|
| <b>Board Use Only: Date Processed: _____ Amount: _____</b> |
|--|



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: [bop.nv.gov](http://bop.nv.gov)

**Applicant Name:** \_\_\_\_\_

**Payment:** Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

*Credit Cards are charged a 5% processing fee*

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>Credit Type:</b><br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover<br><input type="checkbox"/> American Express |  | <b>Credit Card #:</b><br>_____         |                              |
| <b>Expiration Date:</b><br>____ / ____ (MM/YY)  |  | <b>CVV (3 digits on back of card):</b> | <b>License Amount:</b><br>\$ |
| <b>Name on Card:</b><br>_____   |  |  |                              |
| <b>Billing Address:</b><br>_____<br>_____<br>_____  |  |  |                              |

## **Pharmaceutical Technician Application**

This application cannot be returned by fax or email.  
We must have an original signature and fee to process.

Download application and mail to the address on the top of the application with the required fee of \$50.00. The fee is payable by check or credit card only.

Fee is made payable to: **Nevada State Board of Pharmacy**

**Before calling with questions, please read all information carefully.**

- If you only have a certificate from the Pharmacy Technician Certification Board (PTCB) or National Tech Exam (ICPT) you will be required to work in Nevada as a registered pharmaceutical technician in training for 500 hours. Please download the application for a pharmaceutical technician in training. **If you send in a pharmacy technician application with PTCB or ICPT only, the application and fee will be returned.**

You must include ONE of the following with the application:

- Copy of current registration or on-line verification from state in which you are currently registered as a pharmaceutical technician. Your license in the other state must be current to use for licensure in Nevada or;
- Copy of a certificate from an ASHP approved pharmacy technician school. We **only** accept pharmacy technician schools that are ASHP (American Society of Health Pharmacists) approved. If your school is ASHP approved, the information will be included on your certificate from the school or;
- Copy of a certificate from a non-ASHP school **and** PTCB or ICPT.

Upon receipt of the application and fee, a certificate of registration can be sent directly to you. You are **not** required to live in Nevada or have a job in Nevada to obtain registration as a pharmaceutical technician. The application must contain an original signature, no copies accepted.

All pharmaceutical technician registrations expire on October 31st, of even-numbered years, no matter when the license issued. It is your responsibility to keep us up to date with your mailing address.

If you have any questions, please feel free to contact the Reno office at (775) 850- 1440.

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

**PHARMACEUTICAL TECHNICIAN APPLICATION Registration Fee: \$50.00**  
 (Non-refundable check or credit card only. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ 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: \_\_\_\_\_

|   |                              |                             |         |
|---|------------------------------|-----------------------------|---------|
| 1. Are you 18 years of age or older?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |         |
| 2. Are you a high school graduate or the equivalent?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |         |
| <b>(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)</b>   |                              |                             |         |
|   | <b>Yes</b>                   | <b>No</b>                   |         |
| <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 type="checkbox"/>    |         |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?  | <input 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 type="checkbox"/>    |         |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?  | <input type="checkbox"/>     | <input type="checkbox"/>    |         |
| <b>If you marked YES to any of the numbered questions (3-5) above, include the following information &amp; provide an explanation &amp; documentation:</b>  |                              |                             |         |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |         |
| IF you marked YES to the question, above are you in compliance with the court order?  | <input type="checkbox"/>     | <input 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 \_\_\_\_\_

\_\_\_\_\_ Date

|   |
|---|
| Board Use Only: Date Processed: _____ Amount: _____ |
|---|



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: [bop.nv.gov](http://bop.nv.gov)

**Applicant Name:** \_\_\_\_\_

**Payment:** Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

*Credit Cards are charged a 5% processing fee*

|   |  |  |                                    |
|---|--|--|------------------------------------|
| <b>Credit Type:</b><br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover<br><input type="checkbox"/> American Express |  | <b>Credit Card #:</b><br>_____         |                                    |
| <b>Expiration Date:</b><br>____ / ____ (MM/YY)  |  | <b>CVV (3 digits on back of card):</b> | <b>License Amount:</b><br>\$ _____ |
| <b>Name on Card:</b><br>_____   |  |  |                                    |
| <b>Billing Address:</b><br>_____<br>_____<br>_____  |  |  |                                    |



## APPLICATION BY EXAMINATION AS A PHARMACIST

This application cannot be returned by fax or email.  
We must have an original signature and fee to process.

**Complete this application, if you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.**

Download application and mail to the address on the top of the application with the required \$250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy**

**Before calling with questions, please read all information carefully:**

- You are required to access NABP's website at [www.nabp.net](http://www.nabp.net) to register on-line for the NAPLEX and MPJE exams.
- Required to get ATT for NAPLEX and MPJE: The Nevada application and \$250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.
- You will not receive an ATT until you have applied to Nevada and NABP. You will receive an authorization to test (ATT) along with all information needed to schedule your NAPLEX and MPJE from NABP. The ATT is sent to you by NABP, not Nevada.
- Allow 30 days to receive an email from the Nevada State Board of Pharmacy regarding receipt of your application.
- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam. <http://bop.nv.gov/board/ALL/Regulations/>. An email will be sent within 30 days of the receipt your application.
- The NAPLEX exam can be taken once every 45 days (retake fee required for NABP). The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to [www.nabp.net](http://www.nabp.net) for current information.
- You can access your scores at [nabp.net](http://nabp.net).

## LICENSURE INFORMATION

- A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:
- 1740 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy where you are licensed as an intern. We will also accept a verification of hours from your school. NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE.
- Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated with your degree posted. \*\*Transcripts are not required for foreign graduates, FPGEC certificates only.
- TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE. Intern hours and transcripts may be submitted to the board prior to taking the exams.
- The \$250.00 fee includes all required fees including the \$200 registration fee. The fee does not include any payment for the NAPLEX or MPJE exams. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.
- If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

## APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.

**Total Fee: \$250.00** (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

### College of Pharmacy Information

Graduation Date: \_\_\_\_\_

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

Name of Pharmacy School: \_\_\_\_\_

Location of School: \_\_\_\_\_

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: \_\_\_\_\_ Amount: \_\_\_\_\_ Entity #: \_\_\_\_\_  
Email \_\_\_\_\_ NAPLEX \_\_\_\_\_ 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?                                   |
|-------|------|--|-------|-------|--|
|       |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|       |      | Yes <input 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: \_\_\_\_\_

|   |       |       |         |         | Yes                      | No                       |
|---|-------|-------|---------|---------|--------------------------|--------------------------|
| 1. 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 type="checkbox"/> |
| 2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?  |       |       |         |         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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 type="checkbox"/> |
| 4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?  |       |       |         |         | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and/or documentation:</b>   |       |       |         |         |                          |                          |
| 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, its 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, its 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



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*Credit Cards are charged a 5% processing fee*

|   |  |  |                                    |
|---|--|--|------------------------------------|
| <b>Credit Type:</b><br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover<br><input type="checkbox"/> American Express |  | <b>Credit Card #:</b><br>_____         |                                    |
| <b>Expiration Date:</b><br>____ / ____ (MM/YY)  |  | <b>CVV (3 digits on back of card):</b> | <b>License Amount:</b><br>\$ _____ |
| <b>Name on Card:</b><br>_____   |  |  |                                    |
| <b>Billing Address:</b><br>_____<br>_____<br>_____  |  |  |                                    |

## APPLICATION BY SCORE TRANSFER AS A PHARMACIST

This application cannot be returned by fax or email. We must have an original signature and fee to process

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application. NABP requires that you must complete a score transfer request within 90 days of taking the exam.

Download application and mail to the address on the top of the application with the required \$250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy.**

### **Before calling with questions, please read all information carefully:**

- You are required to access NABP's website at [www.nabp.net](http://www.nabp.net) to register on-line for the MPJE.
- Required to get approval for MPJE: The Nevada application and \$250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and/or dated.
- Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the MPJE.
- You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE exam from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed. The ATT is sent to you by NABP, not Nevada
- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam <http://bop.nv.gov/board/ALL/Regulations/>. An email will be sent within 30 days of receipt of your application.
- The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to [www.nabp.net](http://www.nabp.net) for current information.

- You can access your scores at nabp.net.

**Required documentation needed for licensure after you successfully pass the NAPLEX and MPJE:**

- A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:
- 1740 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy where you are licensed as an intern. We will also accept a verification of hours from your school. **NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE**
- Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated with your degree posted. **\*\*Transcripts are not required for foreign graduates, FPGEC certificates only.**
- **TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE.** Intern hours and transcripts may be submitted to the board prior to taking the exams.
- The \$250.00 fee includes all required fees including the \$200 registration fee. The fee does not include any payment for the NAPLEX or MPJE exams. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information.



**NEVADA STATE BOARD OF PHARMACY**  
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**APPLICATION BY SCORE TRANSFER AS A PHARMACIST**

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application.

**Total Fee: \$250.00** (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)  
Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex:  M or  F

(Full Number Required)

**College of Pharmacy Information**

Graduation Date: \_\_\_\_\_

(mm/dd/yy)

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

Name of Pharmacy School: \_\_\_\_\_

Location of School: \_\_\_\_\_

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: \_\_\_\_\_ Amount: \_\_\_\_\_ Entity #: \_\_\_\_\_

Email \_\_\_\_\_ NAPLEX Taken: \_\_\_\_\_ 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?                                   |
|-------|------|--|-------|-------|--|
|       |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|       |      | Yes <input 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: \_\_\_\_\_ Page 1 of 2

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. 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 type="checkbox"/> |
| 2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?   | <input type="checkbox"/> | <input 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, its 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, its 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



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: [bop.nv.gov](http://bop.nv.gov)

**Applicant Name:** \_\_\_\_\_

**Payment:** Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

*Credit Cards are charged a 5% processing fee*

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>Credit Type:</b><br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover<br><input type="checkbox"/> American Express |  | <b>Credit Card #:</b><br>_____         |                              |
| <b>Expiration Date:</b><br>____ / ____ (MM/YY)  |  | <b>CVV (3 digits on back of card):</b> | <b>License Amount:</b><br>\$ |
| <b>Name on Card:</b><br>_____   |  |  |                              |
| <b>Billing Address:</b><br>_____<br>_____<br>_____  |  |  |                              |

## APPLICATION BY RECIPROCATION AS A PHARMACIST

This application cannot be returned by fax or email. We must have an original signature and fee to process

**If you are requesting licensure by reciprocity (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:**

As of July 1, 2008, Nevada will accept reciprocity of pharmacists licensed in all states, including California and Florida.

Pharmacists reciprocating from California will need to have been issued a license by taking and passing the NAPLEX exam. Therefore, we can only accept California pharmacists who were licensed after January 1, 2004. There are no restrictions for pharmacists reciprocating from Florida, so all Florida pharmacists may apply.

Download application (3 pages) and mail to the address on the top of the application with the required \$250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy.**

**Before calling with questions, please read all information carefully**

- You are required to access NABP's website at [www.nabp.net](http://www.nabp.net) to register on-line for the MPJE exam.
  - Required to get approval for MPJE: The Nevada application and \$250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.
  - Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the examination.
  - You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed.
- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam. <http://bop.nv.gov/board/ALL/Regulations/> An email will be sent within 30 days of the receipt your application.

- The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to [www.nabp.net](http://www.nabp.net) for current information.
  
- You can access your scores at [nabp.net](http://nabp.net).

Just a reminder: You will be required to access NABP's website at [www.nabp.net](http://www.nabp.net) to obtain the Preliminary Application for Transfer of Pharmaceutic Licensure for NABP. Also referred to as the official NABP application.

To receive license as a pharmacist in Nevada by reciprocatation, the following needs to be on file:

Nevada application and fee  
Passage of the MPJE exam  
Official NABP application

You have one (1) year from the date we receive the Nevada application to complete the process of licensure. The \$250.00 fee includes all required fees including the \$200 registration fee. The \$250.00 fee does NOT include the fee for the MPJE exam or the fee for NABP preliminary application. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information

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

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (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: \$250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_ Date of Issuance: \_\_\_\_\_

**College of Pharmacy Information**

Graduation Date: \_\_\_\_\_  
(mm/dd/yy)

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

Name of Pharmacy School: \_\_\_\_\_

Location of School: \_\_\_\_\_

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**Board Use Only**

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| State | Lic# | Is the license Active?                                   | State | Lic # | Is the License Active?                                   |
|-------|------|--|-------|-------|--|
|       |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|       |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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Branch: \_\_\_\_\_

Military Occupation/Specialty: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

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| Criminal Action:             | State | Date: | Case #: | County | Court |
|                              |       | / /   |         |        |       |

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No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its 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.

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Original Signature, no copies or stamps accepted

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Date



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| <b>Expiration Date:</b><br>____ / ____ (MM/YY)  |  | <b>CVV (3 digits on back of card):</b> | <b>License Amount:</b><br>\$ |
| <b>Name on Card:</b><br>_____   |  |  |                              |
| <b>Billing Address:</b><br>_____<br>_____<br>_____  |  |  |                              |