

8



**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: \$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: Ronak Middle: A Last: Desai

Mailing Address: Maurice Circle

City: Cerritos State: CA Zip Code: 90703

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

Date of Birth: \_\_\_\_\_ Place of Birth: Godhra, 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: CA Date of Issuance: June 23, 2004

**College of Pharmacy Information**

Graduation Date: 05/18/2002  
(mm/dd/yy)

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

Name of Pharmacy School: St. Louis College of Pharmacy

Location of School: St. Louis, MO

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: 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?
IL	051289389	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	KS	1-107607	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
OR		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OK	#18378	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

\*\*Attach separate sheet if needed --- Please see the attachment #1

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
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?..... <u>California</u> .....	<input checked="" 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 checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: Please see the attachment #2

Board Administrative Action: Pending ACCUSATION	State CA	Date: 11/ 07/ 2019	Case #: AC201700627100
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

01/15/2020

Date

## Attachment #1: List of other states pharmacist license-

State	Lic#	License Active
KY	017504	Yes
TN	0000038706	Yes
WV	RP0008754	Yes
AL	18275	Yes
MD	23041	Yes
MS	P13672	Yes

Attachment #2: Explanation & documentation On Pending CA Accusation

There is a pending disciplinary action in California. The action was filed against Park Pharmacy regarding compounding practices for a two-year period of conduct during which I was a temporary employee and PIC for a stint of four months. During my short, temporary employment at Park, I had no involvement in or knowledge of the wrongdoing that was occurring there, because Park actively kept it hidden from me. Nevertheless, I was swept up in the accusation because I held a PIC position. I am in the process of resolving the matter to avoid the expense and uncertainty of litigation.