

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Physician Assistant (PA) – Prescribe/Controlled Substance Registration Application

Rev (03/29/2022)

[This application cannot be returned by fax or email.](#)
[An original signature and fee are required to process.](#)

Approval of this application is required for a Physician Assistant to receive authority to prescribe dangerous drugs and/or controlled substances. A registration to prescribe is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application to the address indicated above with a **non-refundable fee** of:

- **\$80.00 if applying to prescribe Dangerous Drugs ONLY (NRS 454.201)**
- **\$200.00 if applying to prescribe Dangerous Drugs AND Controlled Substances (CS) (NAC 453.510-.550)**

Fees can be paid for by credit card, debit card, personal check, cashier's check, or money order made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**.

Please Note:

- You **MUST** have a current and active license with the Nevada State Board of Medical Examiners or the Nevada State Board of Osteopathic Medicine to apply for and maintain your registration to prescribe dangerous drugs and/or controlled substances. A copy of this license **MUST** be included with the application.
- A physician assistant **MUST** notify the Board in writing of a change in the location of his/her practice or a change of his/her supervising physician not later than 10 days after the change occurs. NAC 639.277.
- All registrations expire **October 31, of the even numbered years**, no matter when the license is issued.

Please Note: Registration to Prescribe Dangerous Drugs ONLY

- When the Nevada State Board of Pharmacy receives your completed application, you will receive an email with instructions on how to access the exam administered by the Board on the laws relating to the prescribing of dangerous drugs. NRS 639.1373, NAC 639.272(4)(b). You have multiple attempts to pass the exam with a score of 70% or higher. In preparation for the exam, please review the laws regarding the prescribing of dangerous drugs in [Nevada Statutes & Regulations \(nv.gov\)](#).
- Once you pass the exam, you will receive your **Prescribe Registration** in your email. Please check your spam or junk mail.

Please Note: Registration to Prescribe Dangerous Drugs AND Controlled Substances (CS)

- When the Nevada State Board of Pharmacy receives your completed application, you will receive an email with instructions on how to access the exam administered by the Board on the laws relating to the prescribing of dangerous drugs and controlled substances. NRS 639.1373, NAC 639.272(4)(b). You have multiple attempts to pass the exam. You **MUST** pass an exam with a 70% score or higher. In preparation for the exam, please review the laws regarding the prescribing of dangerous drugs and controlled substances in [Nevada Statutes & Regulations \(nv.gov\)](#).
- Once you pass the exam you will receive your **Prescribe Registration**, which authorizes you to prescribe **Dangerous Drugs ONLY**, in your email. Please check your spam or junk mail.
- You will receive a second email with additional steps required to receive your **Controlled Substance Registration**, which authorizes you to prescribe **Dangerous Drugs and Controlled Substances**. The email will provide you with Prescription Monitoring Program (PMP) registration instructions, and a **PENDING CS** registration number so that you may apply for your DEA registration. **DO NOT apply for a DEA registration before receiving your PENDING CS registration number.** You **MUST** provide a copy of your Nevada DEA certificate and you **MUST** register with the PMP to obtain your **Controlled Substance Registration**. You **ARE NOT** authorized to prescribe controlled substances until you receive your registration.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440.

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What types of drug(s) will you be prescribing?
<input type="checkbox"/> Dangerous Drugs ONLY (Non-Refundable \$80 Fee)
<input type="checkbox"/> Dangerous Drugs AND Controlled Substances (CS) II, III, IV, and/or V (Non-Refundable \$200 Fee)

Section 1: Personal Information (NAC 639.272)

First: _____ Middle: _____ Last: _____
 Date of Birth: _____ SSN or ITIN: _____ Sex: M F X
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Email: _____
 PA License #: _____ Specialty: _____
 (You must have a current and active license with the Nevada State Board of Medical Examiner or Nevada State Board of Osteopathic Medicine to apply for and maintain a prescribe or a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: _____
 Practice Address: _____ Suite #: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____

Section 3: Supervising Physician Information (NAC 639.272)

Supervising Physician Name: _____
 Supervising Physician Practice Address: _____ Suite #: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____

Section 4: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 5: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 6: Personal and Professional History		Yes	No
1.	Have you 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?		
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4.	Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Required Supervising Physician's name and signature (NAC 639.272):

Supervising Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: _____ Amount: _____



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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

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