

NEVADA STATE BOARD OF PHARMACY

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

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

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

Approval of this application is required to receive a Temporary Nevada Pharmacist Registration and to start the process of receiving your Nevada Pharmacist Registration by Reciprocity. Only pharmacists reciprocating a license/registration from another state to Nevada are eligible for a temporary registration. A temporary registration is valid for **6 months** and cannot be extended.

The following are required to receive a Temporary Nevada Pharmacist Registration:

1. Print and complete the Pharmacist Reciprocal Application at www.bop.nv.gov; then
2. Print and complete this application.
3. Mail both completed applications to the address indicated above.
4. Once steps 1-3 have been completed and successfully processed a **Temporary Pharmacist Registration may be issued.**

Please note the following:

- The Nevada Revised Statutes and Administrative Codes for pharmacy practice can be accessed at www.bop.nv.gov.
- A Temporary Nevada Pharmacist Registration expires 6 months from the date it is issued.
- A Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board. NRS 639.160
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

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Section 1: General Information

First: _____ Middle: _____ Last: _____
Date of Birth: _____ SSN or ITIN: _____ Sex: M F X
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Reason for Temporary License: _____

Section 2: Employment Information

Pharmacy Name: _____ NV Pharmacy License # (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: _____ Date of issuance: _____

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.

I attest to the 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. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows 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, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Original Signature, no copies or stamps accepted

Date

Board Use Only	Date Received: _____	
	Temporary License Issued: _____	Temporary License Expiry: _____