

## NEVADA STATE BOARD OF PHARMACY

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

### Change in Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Application

**Non-Refundable \$50.00 Fee**

Rev (05/17/2023)

**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 **before** a change in the managing pharmacist, pharmacist in charge (PIC), or supervising pharmacist may occur (the terms will be used interchangeably in this application). This applies to **ALL** pharmacies licensed by the Nevada State Board of Pharmacy. Print and mail the completed application with a **non-refundable fee of \$50.00** paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

**NRS 639.220** Management by registered pharmacist; exceptions; requirements for managing pharmacists; notice of change in managing pharmacist.

1. Except as otherwise provided in NRS 639.2324, 639.2326, 639.2327 and 639.23277, each pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy.
2. Except as otherwise provided in NRS 639.2321, if the managing pharmacist is the only registered pharmacist employed in the pharmacy, the Board may authorize his or her absence each day for a total period of not to exceed 2 hours for the purpose of taking meals if:
  - a. A registered pharmacist is on call during the absence;
  - b. A sign, as prescribed by regulations of the Board, is posted for public view in the pharmacy indicating the absence of the pharmacist and the hours of the absence; and
  - c. All drugs, poisons, chemical and restricted devices are kept safe in a manner prescribed by regulations of the Board.

The authorization required from the Board must be in writing and be retained in the pharmacy and available for inspection.

3. Except as otherwise provided in this subsection and NRS 639.23277:
  - a. A person shall not act as a managing pharmacist for more than one licensed pharmacy.
  - b. Each managing pharmacist shall be on duty in the pharmacy and active in the management of the pharmacy full-time, but the managing pharmacist need not be present during the time the pharmacy is open for business if he or she designates another pharmacist employed in the pharmacy to assume the managing pharmacist's duties in his or her absence.
  - c. The managing pharmacist is responsible for the activities of the designee.

A waiver from the limitation set forth in paragraph (a) may be granted by the Board to the managing pharmacist of a pharmacy located in a hospital with fewer than 100 beds or in a correctional institution housing fewer than 1,500 inmates.

4. **The Board must be notified before there is a change in the managing pharmacist.**

**NRS 639.0087 "Managing pharmacist" defined.** "Managing pharmacist" means a registered pharmacist who is responsible for the operation of a pharmacy.

**NRS 639.015 "Registered pharmacist" defined.** "Registered pharmacist" means:

1. A person registered in this State as such on July 1, 1947;
2. A person registered in this State as such in compliance with the provisions of paragraph (c) of section 3 of chapter 195, Statutes of Nevada 1951; or
3. A person who has complied with the provisions of [NRS 639.120](#), [639.134](#), [639.136](#) or [639.1365](#) and whose name has been entered in the registry of pharmacists of this State by the Executive Secretary of the Board and to whom a valid certificate or certificate by endorsement as a registered pharmacist or valid renewal thereof has been issued by the Board.

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**Section 1: Pharmacy Information**

Pharmacy Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address (if different from physical address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Toll Free # (NAC 639.708, NRS 639.23286): \_\_\_\_\_  
 Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Section 2: Previous Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information**

Pharmacist Name: \_\_\_\_\_ NV Pharmacist Registration #: \_\_\_\_\_  
 State and End Date of the Managing Pharmacist/PIC/Supervising Pharmacist: \_\_\_\_\_

**Section 3: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information**

Pharmacist Name: \_\_\_\_\_ NV Pharmacist Registration #: \_\_\_\_\_  
 State Date as the Managing Pharmacist/PIC/Supervising Pharmacist: \_\_\_\_\_

Personal and Professional History for the New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist	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 registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

Board Administrative Action:	State:	Date:	Case #:		
Criminal Action:	State:	Date:	Case #:	County:	Court:

**Section 4: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Acknowledgement**

Managing Pharmacist Name: \_\_\_\_\_ Pharmacist Registration #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Pharmacy License #: \_\_\_\_\_

**Initial each statement below to indicate you have read and agree with the following:**

\_\_\_\_\_ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

\_\_\_\_\_ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

\_\_\_\_\_ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

\_\_\_\_\_ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

\_\_\_\_\_ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

I certify under penalty of perjury that the information I have provided on 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.

\_\_\_\_\_  
Print Name of New Managing Pharmacist

\_\_\_\_\_  
Original signature of New Managing Pharmacist (copies or stamps not accepted)

\_\_\_\_\_  
Date

<b>Board Use Only</b>	Date Received: _____	Amount: _____
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# 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**

**Credit Type:**

- Visa       MasterCard  
 Discover       American Express

**Credit Card #:**

\_\_\_\_\_

**Expiration Date:**

\_\_\_\_ / \_\_\_\_ (MM/YY)

**CVV (3 digits on back of card):**

\_\_\_\_\_

**License Amount:**

\$ \_\_\_\_\_

**Name on Card:**

\_\_\_\_\_

**Billing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_