

NEVADA STATE BOARD OF PHARMACY

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

**Physician– Controlled Substance Registration Waiver Request
Governor Sisolak’s COVID-19 Declaration of Emergency Directive 011**

***Note - This waiver form is not required if you intend to only prescribe dangerous drugs in Nevada. You may prescribe dangerous drugs upon receiving authorization and approval of waiver from the Nevada State Board of Medical Examiners or Board of Osteopathic Medicine. This waiver form waives the requirement for a controlled substance registration necessary to prescribe controlled substances in Nevada.**

On April 1, 2020, Governor Sisolak issued Emergency Directive 011 (“Directive”) to temporarily waive licensing requirements. The waiver applies to qualified physicians who hold practice licenses that are active, expired, or inactive, in good standing in Nevada or another state. These physicians must also have active DEA licenses that are in good standing in another state. Ineligible physicians include those who have practice or DEA licenses that are currently revoked or have been surrendered as a result of disciplinary proceedings. All physicians who wish to prescribe controlled substances under this directive must complete and return this form to the Nevada State Board of Pharmacy. Once this form has been approved, you are eligible to prescribe controlled substances under the Directive. Please note, this is a waiver of licensure. You will not be issued a license in Nevada, but may prescribe controlled substances in Nevada upon approval of this form and only for the duration of the Directive. If you wish to apply for licensure, you must complete the appropriate form and pay the required fee at www.bop.nv.gov.

You may fax this completed form to 775-850-1444, mail to 985 Damonte Ranch Parkway, Ste. 206, Reno, Nevada 89521 or email to pharmacy@pharmacy.nv.gov.

Personal Information

First: _____ Middle: _____ Last: _____
Date of Birth: _____ SSN or ITIN: _____ License Type (circle one): MD DO
Home Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Contact Number: _____

Nevada Employer Information

Practice Name: _____
Practice Address: _____
City: _____ State: _____ Zip: _____
Name of Facility Director: _____

List your license(s), including DEA number(s), in all jurisdictions and provide proof of licensure (use another sheet if additional space is needed)

State	License number	License Status					License in Good Standing?	
		Active	Inactive	Expired	Revoked	Surrendered	Yes	No

Waiver Information

Waiver Information	Yes	No
Have you been granted a waiver pursuant to Governor Sisolak’s COVID-19 Declaration of Emergency Directive 011 from the Nevada State Board of Medical Examiners, or Board of Osteopathic Medicine?		

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 <u>any</u> state?					
3. Have you been the subject of an administrative action whether completed or pending in <u>any</u> state?					
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					
If you marked YES to any of the number questions (1-4) above, include the following information and provide documentation:					
Board Administrative Action:	State:		Date:		Case #
Criminal Action:	State	Date:	Case#:	County:	Court:

Types of Drugs you may Prescribe under this Waiver	
<p>You may prescribe and administer Controlled Substances under this waiver if you have provided proof as requested above that:</p> <ol style="list-style-type: none"> All of your practice licenses are active, expired, or inactive, and in Good Standing in Nevada or another state; You have an active DEA license in Good Standing in another state; and none of your DEA licenses were revoked or suspended; and You have you been granted a waiver pursuant to Governor Sisolak's COVID-19 Declaration of Emergency Directive 011 from the Nevada State Board of Medical Examiners, or Board of Osteopathic Medicine. <p>If you do not meet the requirements above, you do not qualify for this waiver. You may prescribe and administer Controlled Substances <u>only</u> upon the approval of a completed controlled substance and DEA application for a controlled substance registration and DEA license, respectively. The requirement of a controlled substance registration and DEA license to prescribe and administer Controlled Substances cannot be waived. A practitioner, by Federal Law, must have a DEA number to prescribe and/or administer Controlled Substances. You may complete these applications at www.bop.nv.gov.</p>	

I hereby certify, under penalty of perjury, that the information on this application is true, accurate and correct. I further agree to abide by all statutes, rules or regulations governing the prescribing in Nevada and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Signature of Applicant (Electronic Signature Permitted)

Date

Signature of Facility Director (Electronic Signature Permitted)

Date

Board Use Only	Date Received: _____ <input type="checkbox"/> Approved on _____ <input type="checkbox"/> Denied on _____
	Approval Signature: _____