



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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• Web Page: bop.nv.gov

Controlled Substances Electronic-Transmission Exemption Certification

The Board may exempt a practitioner pursuant to NRS 639.23535(2) from the requirement that a prescription for a controlled substance be given to a pharmacy by electronic transmission. **Complete and maintain a record of this certification to document your exemption. The exemption pursuant to this certification expires by operation of law on December 31, 2021.**

Practitioner Information

First: _____ Middle: _____ Last: _____

Nevada Controlled Substance Registration #: _____ DEA#: _____

Practice Information

Practice Name (if any): _____

Practice Address: _____ City: _____

State: NV Zip: _____ Work Phone #: _____ Work Fax: _____

Specify Reason for the Exemption

I, the undersigned, am exempt from compliance with NRS 639.23535 on the following basis (select all that apply):

- Economic hardship
- Technological limitations that are not within my control
- Other (please provide reason): _____

I certify under penalty of perjury that the information contained herein is accurate, true and complete in all material respects. I understand that making any false representation herein is a crime under NRS 639.281.

Original Signature

Date