

NEVADA STATE BOARD OF PHARMACY

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

Prescription Drug Donation Program WITHDRAWAL Form

Rev (04/06/2023)

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

Please complete this form to withdraw from participating in the Prescription Drug Donation Program. Print and mail the completed form to the address indicated above. Once the Board receives the completed form, the pharmacy will be removed from the list of participating pharmacies.

Section 1: Managing Pharmacist Information

First: _____ Middle: _____ Last: _____
NV Pharmacist Registration #: _____

Section 2: Pharmacy where prescription drugs donations were accepted and dispensed.

Pharmacy Name: _____ NV Pharmacy License #: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

As of _____ (enter date), the pharmacy listed above will no longer be participating in the Prescription Drug Donation Program.

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation on this form is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire form 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.

By signing below, you attest that the pharmacy listed above is WITHDRAWING from participating in the Prescription Drug Donation Program.

Managing Pharmacist Print Name (First, Last)

Managing Pharmacist Original Signature (electronic, copies or stamps not accepted) _____
Date

Board Use Only	Date Received: _____
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