



# Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
(775) 850 - 1440 • FAX (775) 850 - 1444

E-mail: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

## DISPENSING PRACTITIONER CERTIFICATION OF DISPENSING TECHNICIAN HOURS

(This form is submitted after hours after been completed.  
DO NOT submit with the application)

Dispensing Technician: \_\_\_\_\_

Dispensing Technician License #: \_\_\_\_\_

Dispensing Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify to the Board that the above named dispensing technician has successfully completed \_\_\_\_\_ hours of training and experience and is competent to perform the tasks of a dispensing technician. \*\*

\*\* A minimum of 500 hours is required.

I further certify that I understand that a dispensing technician will only access the room or lockup where the medications are stored and dispense medications when I am on-site at the facility. (NAC 639.743)

I further certify that the technician and I both will initial the prescription record and prescription label at the time of dispensing. NAC 639.743)

\_\_\_\_\_  
Signature of Dispensing Practitioner

\_\_\_\_\_  
Date