

Application for Veterinarian Authority to Dispense Drugs

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

This application is for a veterinarian who is currently, or will be, dispensing medications to a client from a veterinary facility or office.

Please print and mail the completed application with a fee of \$150.00 paid for by credit or debit card or a check made payable to:

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

If your dispensing address changes or you add additional dispensing sites please notify us in writing immediately at pharmacy@pharmacy.nv.gov or by submitting a change in address by completing the appropriate form located at http://bop.nv.gov/services/Change_Licensee_Information/.

This registration must be renewed biennially with the first renewal cycle commencing in 2022. You will receive notice to renew your license.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440.

NOTE: If you dispense controlled substances, a controlled substance registration and DEA is required for the addresses listed on this application.

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

What types of drugs will you be dispensing?		
<input type="checkbox"/> Controlled Substances	<input type="checkbox"/> Dangerous Drugs	<input type="checkbox"/> Both

Personal Information

First: _____ Middle: _____ Last: _____
 Date of Birth: _____ SSN: _____ Sex: M or F
 Email Address: _____ Degree: _____ Practitioner License #: _____
(You MUST be licensed with your respective BOARD before we will process this application.)

Practice Information (Submit addresses for all other dispensing sites on a separate sheet.)

Practice Name (if any): _____
 Practice Address: _____
(This must be a Nevada practice address. A license will not be issued to a home or a PO Box address.)
 City: _____ State: NV Zip: _____
 Work Telephone: _____ Work Fax: _____

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 (2-4) above, include the following information and provide documentation:					
Board Administrative Action:	State:	Date:	Case #:		
Criminal Action:	State:	Date:	Case #:	County:	Court:

Payment: Submit with this application a fee of \$150 by providing your credit or debit card information below or by submitting a check for \$150 made payable to Nevada State Board of Pharmacy
Credit Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Exp Date: ___/___/___ (MM/YY) Amount Charge: \$150
Credit Card #: _____ CVV (3 digits on back of card): _____ Billing Zip: _____

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted. _____ Date _____

Board Use Only Received: _____ Amount: _____
