

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

Required Addendum for APN's and PA's applying for DEA registrations

Please complete the following information and return by mail to address above or by fax to (775) 850-1444. When the completed form has been received and is complete, we will notify DEA of the required information.

Name: _____ APN or PA (Circle one)

Practicing Address: _____
(This can not be a home address)

City: _____ State: NV Zip: _____

Telephone: (____) _____

Fax: (____) _____

Email: _____

Supervising Physician: _____

Signature: _____ Date: _____

Board Use Only

Date Received: _____ Date DEA notified: _____

Pending CS #: _____ Lic #: _____