

## NEVADA STATE BOARD OF PHARMACY

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

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

### LICENSE VERIFICATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
I hereby authorize the _____ to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant _____

**THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
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**USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY**

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant met all licensing requirements of your state? (If no, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of State Official	Title	State	Date	State Seal