

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Before you can prescribe any controlled substances in the state of Nevada, you **MUST OBTAIN** the following **IN THIS ORDER**:

1. Pending Controlled Substance (CS) registration number; **THEN**
2. Drug Enforcement Administration (DEA) number; **THEN**
3. Nevada Prescription Monitoring Program (PMP) account
4. Permanent Controlled Substance (CS) registration number.

Follow each step below **IN ORDER** to ensure successful processing of your application.

Step 1: Obtaining your Controlled Substance (CS) registration number

- A. Complete the attached Controlled Substance Application (NOTE: You must have a current Nevada practice license from your licensing board AND a Nevada practice address to complete this application.)
- B. Mail your completed application with the required non-refundable fee of \$200.00. This can be paid for by credit or debit card or a check made payable to the Nevada State Board of Pharmacy. Credit or debit card payments are charged a 5% processing fee. Send the completed application to the address indicated on top of this application.
- C. Once your application is reviewed and approved, you will receive an email with your **PENDING CS** registration number. You may now proceed to Step 2 to apply for your DEA number.
- D. You ***WILL NOT*** receive your **ACTUAL CS** registration number until Steps 2 and 3 are completed.

Step 2: Obtaining your Drug Enforcement Administration (DEA) number

- A. Complete the on-line DEA application at deadiversion.usdoj.gov. If you already have a DEA number from another state, and you want to transfer that DEA number to Nevada, you will need to complete the DEA Registration Change Requests form. (NOTE: You must have your **PENDING CS** registration number to complete the DEA application or the Registration Change Requests form.)
- B. Once you complete the DEA application or the Registration Change Requests form, you will receive your DEA certificate in the mail.
- C. You ***MUST*** fax (775-850-1444) or email (pharmacy@pharmacy.nv.gov) a copy of your DEA certificate to the Nevada State Board of Pharmacy. Once you fax or email a copy of your DEA certificate to the Nevada State Board of Pharmacy, you may proceed to Step 3 to apply for your PMP account.

Step 3: Nevada Prescription Monitoring Program (PMP) account

(VETERINARIANS ARE EXEMPT FROM THIS STEP.)

- A. Go to nevada.pmpaware.net and follow the instructions below to complete the on-line PMP application:
1. Click "Create an Account".
 2. Input your email address, create a password, click "Save and Continue".
 3. Select Your User Role and click "Save and Continue".
 4. Complete required "Personal" and "Employer" information. (NOTE: You must have your **PENDING CS** registration and **DEA** number to complete the PMP application.)
 5. Complete and return the HealthCare Professional Certification Statement Form. This can be uploaded directly onto the site during registration, faxed to (775) 687-5161, or sent to pmp@pharmacy.nv.gov.
 6. You must verify your email by clicking on a link contained in an email from "No Reply PMP Aware". It is a computer generated email so it may go into your spam or junk file.
 7. Your PMP application will be approved once your application is complete. Once your application has been approved, you will receive an automated email confirmation.

Once you have completed Steps 1, 2, and 3 (or Steps 1, and 2 for Veterinarians) your ACTUAL CS registration number will be emailed to you within 14 business days. You ARE NOT authorized to prescribe controlled substances in the state of Nevada until you have received your ACTUAL CS registration number.

Your CS registration number expires October 31, of the even numbered years, despite when the license is issued. You are required to notify the Nevada Board of Pharmacy in writing of any practice address changes. For questions, please contact the Nevada State Board of Pharmacy at (775) 850-1440.

NEVADA STATE BOARD OF PHARMACY

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

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Section 1: Personal Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: M F X

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Degree: _____ Practitioner License #: _____ Specialty: _____

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

| Section 3: Military Service (NRS 622.120) | Yes | No |
|--|------------|-----------|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|--|------------|-----------|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

| Section 5: 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 a board citation or 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 questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required. | | | | | |
| Board Administrative Action: | | State: | | Date: | |
| | | | | | |
| Criminal Action: | | State: | Date: | Case #: | County: |
| | | | | | |

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name (First, Last)

Date

Original Signature (electronic, copies or stamps not accepted)

Date

| |
|---|
| Board Use Only: Date Processed: _____ Amount: _____ |
|---|



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit cards are charged a 5% processing fee.

| | | |
|---|---|----------------------------|
| Credit Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express | Credit Card #: _____ | |
| Expiration Date: ____/____ (MM/YY) | CVV (3 digits on back of card): _____ | Amount: \$ _____ |
| Name on Card: _____ | | |
| Billing Address: _____ _____ _____ | | |