Application for Authority to Dispense Controlled Substances or Dangerous Drugs or Both

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

This application is for dispensing of medications from your office. Example: You will write a prescription and then fill the prescription like a pharmacy does. If all you do is prescribe, please use the controlled substance application. Dangerous drugs require a prescription (Latisse, high blood pressure medication, antibiotics, etc.) but are not a scheduled drug.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on the application.

Download application and mail to the address on the top of the application with the required $300.00 fee. The fee is payable by money order or cashier's check only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to: **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully.

Your dispensing site will require an inspection by Board of Pharmacy personnel before the dispensing certificate can be issued or the dispensing of medications can occur from your office. Once the completed application and fee has been received by the Reno office, you will receive a letter to schedule the appointment to have your dispensing site inspected.

Dispensing practitioners who only dispense dangerous drugs are exempt from the reporting requirements.

As of January 1, 2005, all dispensing practitioners who dispense controlled substances must comply with the following:

Have a computer system into which all controlled substance prescriptions or prescription data is entered that are dispensed by the dispensing practitioner. (No more paper-only prescription record systems for controlled substances.)

Begin transmitting the data to the Prescription Monitoring Program by the end of next business day after dispensing a controlled substance.

You must be the only person who prepares prescriptions for dispensing unless you designate an employee or employees to serve as a dispensing technician. Please see "Licensing Application" tab on the home page for the application for a dispensing technician in training. A minimum of 500 hours is required to a dispensing technician in training.

If your dispensing address changes, you will be required to submit a new application before moving and pay the $300.00. The new location will require an inspection.

If you have any questions, please feel free to contact the Reno office.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: $300.00 (non-refundable money order or cashier's check only)

This application is for physicians only. APRN's or PA's have their own dispensing applications.

New Dispensing Location ☐

Address Change ☐ (Requires Fee and New Application)
Current Dispensing License #____________________

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes ☐ No ☐

If no, please complete the *Application for Non-Practitioner Dispensing Site Owners* as required by NAC 639.742 (2).

I will be dispensing ☐ controlled substances ☐ dangerous drugs or ☐ both. Must check a box.

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

First:__________________ Middle:__________________ Last:________________________ Degree: _____

Practice Name (if any): ____

Nevada Address:____ Suite #: __________

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box:______________________ SS# or ITIN:____________________________ Sex: ☐ M or ☐ F

E-mail address:__________________________________ Date of Birth: ______________________

City:______________________________ State: NV Zip Code: ______________

Nevada Work Telephone:______________________ Nevada Fax: __________________________________

Practitioner License Number:________________________ Specialty:__________________________

You must be licensed with your respective BOARD before we will process this application.

	Yes	No
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?	☐	☐
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
2. Been the subject of an administrative action whether completed or pending in any state?	☐	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

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:_____________________ Entity#_______________________

Transmitting Controlled Substance Prescription Data

Pursuant to NAC 639.926, pharmacies and dispensing practitioners that dispense controlled substances listed in schedule II, III or IV are required to submit data to the Board by the end of next business day after dispensing a controlled substance. If no controlled substances are dispensed a zero report must be submitted by the end of next business day.

The Nevada State Board of Pharmacy contracts with PMP AWARxE Clearinghouse to manage the data collection for the Nevada Prescription Monitoring Program (PMP). For instructions on how to set up an account and submit data, please obtain and read the Data Submission Dispenser Guide. To obtain please go to http://bop.nv.gov/links/PMP/ and click “Dispenser Guide.”

If you have any questions or need additional information, please contact PMP AWARxE Clearinghouse at **855-568-4767**. Or email: pmp@pharmacy.nv.gov

Include with the Application for Authority to Dispense Drugs

Practitioner Dispensing
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: ____

Address: ____

City:______________________________State: NV Zip: ________________________

Telephone: ____

______I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

______ I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

By signing and dating this waiver form, I certify that the information provided is true.

____ ________________
Original Signature of Dispensing Practitioner Date