

Euthanasia Technician Application

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

Download application and mail to the address on the top of the application with the required \$200.00 fee. The fee is payable by check or credit card.

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

Before calling with questions, please read all information carefully.

Do not submit this application, until you have completed the requirements for licensure as a Euthanasia Technician with the Nevada State Board of Veterinary Medicine.

Upon receipt of the completed euthanasia technician application and fee, we can issue a Nevada registration number and mail a certificate of registration.

You are not authorized to use Sodium Pentobarbital until you receive a registration from the Nevada State Board of Pharmacy.

If you have any questions, please call the Reno office at 775/850-1440.

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
EUTHANASIA TECHNICIAN APPLICATION Registration Fee: \$200.00
 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: _____ Middle: _____ Last: _____

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: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Nevada Work Telephone: _____ Date of Birth: _____

Nevada Fax: _____ Sex: M or F

LICENSURE FOR SCHEDULE II ONLY
FOR THE USE OF SODIUM PENTOBARBITAL PER NRS 638.005

		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?		<input type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		<input type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		<input type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		<input type="checkbox"/>	<input type="checkbox"/>
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

I have completed the requirements with Nevada State Board of Veterinary Medicine for licensure as a euthanasia technician. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

 Original Signature, no copies or stamps accepted. _____
 Date

Board Use Only
Received: _____ Amount: _____ Entity: _____



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): _____	License Amount: \$ _____
Name on Card: _____			
Billing Address: _____ _____ _____			