

APPLICATION BY EXAMINATION AS A PHARMACIST

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

Complete this application, if you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.

Download application and mail to the address on the top of the application with the required \$250.00 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:

- You are required to access NABP's website at www.nabp.net to register on-line for the NAPLEX and MPJE exams.
- Required to get ATT for NAPLEX and MPJE: The Nevada application and \$250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.
- You will not receive an ATT until you have applied to Nevada and NABP. You will receive an authorization to test (ATT) along with all information needed to schedule your NAPLEX and MPJE from NABP. The ATT is sent to you by NABP, not Nevada.
- Allow 30 days to receive an email from the Nevada State Board of Pharmacy regarding receipt of your application.
- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam. <http://bop.nv.gov/board/ALL/Regulations/>. An email will be sent within 30 days of the receipt your application.
- The NAPLEX exam can be taken once every 45 days (retake fee required for NABP). The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to www.nabp.net for current information.
- You can access your scores at nabp.net.

LICENSURE INFORMATION

- A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:
- 1500 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy where you are licensed as an intern. We will also accept a verification of hours from your school. **NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE.**
- Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated with your degree posted. ****Transcripts are not required for foreign graduates, FPGEC certificates only.**
- **TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE.** Intern hours and transcripts may be submitted to the board prior to taking the exams.
- The \$250.00 fee includes all required fees including the \$200 registration fee. The fee does not include any payment for the NAPLEX or MPJE exams. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.
- If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

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Total Fee: **\$250.00** (non-refundable check or credit card)

Made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: _____ Middle: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Sex: M or F

(Full Number Required)

College of Pharmacy Information

Graduation Date: _____

(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: _____

Location of School: _____

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: _____ Entity #: _____

Email _____ NAPLEX _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes No

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

						Yes	No
1. 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"/>
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?						<input type="checkbox"/>	<input type="checkbox"/>
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state						<input type="checkbox"/>	<input type="checkbox"/>
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any 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 an explanation and/or documentation:							
Board Administrative Action:		State	Date: / /		Case #:		
Criminal Action:	State	Date: / /	Case #:	County	Court		

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No

4a. If you marked Yes, to the question 4. are you in compliance with the court order?.....Yes No

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. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date



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

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 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: _____ _____ _____		