

## Physician's Assistant (PA) - Prescribe

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

Download application and mail to the address on the top of the application with the required \$80.00 fee. If you are applying for authority to prescribe controlled substances the total registration fee is \$200.00. 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.**

If you do not have a state license number as yet, leave blank. We cannot process the application until you have notified us of your license number. A copy of the registration certificate issued by the Board of Medical Examiners or the State Board of Osteopathic Medicine must be included with the application. Your license must be active to apply for prescribing privileges.

Upon receipt of the completed application, fee and required documents, a license to prescribe can be issued. You **must** be registered with the Nevada Medical or Osteopathic Board to receive prescribing privileges from the Pharmacy Board.

**DO NOT APPLY FOR A DEA NUMBER UNTIL YOU RECEIVE AN EMAIL FROM THE BOARD. We will also provide information on registering for the PMP.**

All registrations expire **October 31, of the even numbered years**, no matter when the license is issued. If you have any questions, please feel free to contact the Reno office at 775-850-1440.

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

**APPLICATION FOR PHYSICIAN’S ASSISTANT - PRESCRIBE  
REGISTRATION FEE: FOR AUTHORITY TO PRESCRIBE DANGEROUS DRUGS ONLY \$80.00 TOTAL  
FOR AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES \$200.00 TOTAL**

**(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 SS# or ITIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M or  F  
 Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PRACTICING LOCATION**

Practice Name (if any): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Medical/Osteopathic Board PA #: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

**Check this box if you are a PA who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.) (Provide \$200.00 Registration fee.)**

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

				Yes	No	
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or a physical condition that would impair your ability to perform the essential functions of your license?					<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?					<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?					<input type="checkbox"/>	<input type="checkbox"/>
4. Have you 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"/>
<b>If you marked YES to any of the numbered questions (1-4) above, include the following information &amp; provide an explanation &amp; documentation:</b>						
Board Administrative Action:	State	Date:	Case #:			
		/ /				
Criminal Action:	State	Date:	Case #:	County	Court	
		/ /				

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed APRN 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.**

Signature of PA, no copies or stamps accepted	Date
/	/
Required Signature of Supervising Physician	Required Supervising Physician – Please Print
Date	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](http://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**

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