

Pharmaceutical 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 fee of \$50.00. The fee is payable by check or credit card only.

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

Before calling with questions, please read all information carefully.

- If you only have a certificate from the Pharmacy Technician Certification Board (PTCB) or National Tech Exam (ICPT) you will be required to work in Nevada as a registered pharmaceutical technician in training for 500 hours. Please download the application for a pharmaceutical technician in training. **If you send in a pharmacy technician application with PTCB or ICPT only, the application and fee will be returned.**

You must include ONE of the following with the application:

- Copy of current registration or on-line verification from state in which you are currently registered as a pharmaceutical technician. Your license in the other state must be current to use for licensure in Nevada or;
- Copy of a certificate from an ASHP approved pharmacy technician school. We **only** accept pharmacy technician schools that are ASHP (American Society of Health Pharmacists) approved. If your school is ASHP approved, the information will be included on your certificate from the school or;
- Copy of a certificate from a non-ASHP school **and** PTCB or ICPT.

Upon receipt of the application and fee, a certificate of registration can be sent directly to you. You are **not** required to live in Nevada or have a job in Nevada to obtain registration as a pharmaceutical technician. The application must contain an original signature, no copies accepted.

All pharmaceutical technician registrations expire on October 31st, of even-numbered years, no matter when the license issued. It is your responsibility to keep us up to date with your mailing address.

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 Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN APPLICATION Registration Fee: \$50.00
(Non-refundable check or credit card only. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First: _____ Middle: _____ Last: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ SS# or ITIN: _____

Date of Birth: _____ Place of Birth: _____ Sex: M or F

E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the **required** documentation.

- Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- Copy of a certificate from an ASHP approved pharmacy technician school.
- Non ASHP approved school and PTCB or ICPT.

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

1. Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Are you a high school graduate or the equivalent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU <u>CAN NOT</u> SUBMIT 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?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	<input type="checkbox"/>	<input type="checkbox"/>	
5. 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 (3-5) above, include the following information & provide an explanation & documentation:			
Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
		/ /	
			County
			Court
The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)			
Are you the subject of a court order for the support of a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IF you marked YES to the question, above are you in compliance with the court order?	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT 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

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