

Pharmaceutical Technician in Training 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.

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

Before calling with questions, please read all information carefully.

The pharmacy, where you will be employed as a pharmaceutical technician in training, must be in Nevada.

You can obtain hours from more than one pharmacy but you need to be registered at each pharmacy. Every location requires the application and the \$50.00 fee. The hours must be completed within 2 years from the date the application was received.

If you change pharmacy locations (even within the same chain) you must submit a new application and fee. The license is only valid at the pharmacy listed on the certificate of registration.

All pharmaceutical technician in training registrations expire October 31, of the even numbered years. 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.

*** Do not use this application if you will be working in a dispensing physician's office. The correct application is available on the website under the practitioners tab. The correct application is called "Dispensing Technician Trainee" application. ***

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: \$50.00

(Non-refundable check or credit card. 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: _____

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

I am requesting registration at the following pharmacy:

Pharmacy: _____ Store #: _____

Address: _____

City: _____ State: NV Zip Code: _____

Signature of Managing Pharmacist: _____ Lic #: _____ Date: _____

(Without the signature of the managing pharmacist, the application will be returned.)

- | | |
|--|--|
| 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 CAN NOT 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 <u>any</u> 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 PTT 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: _____ _____ _____			