

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

Non-Refundable \$150 fee

Rev (06/09/2021)

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

Approval of this application is required for licensed veterinarians to receive authority to dispense controlled substances and dangerous drugs from a veterinary practice. A license to dispense controlled substances or dangerous drugs is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application with a **non-refundable fee of \$150.00** paid for by credit or debit card or check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

If your dispensing address changes or you add additional dispensing sites please notify us in writing immediately at pharmacy@pharmacy.nv.gov or by submitting a change in address by completing the appropriate form located at http://bop.nv.gov/services/Change_Licensee_Information/.

This registration must be renewed biennially with the first renewal cycle commencing in 2022. You will receive notice to renew your license.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440.

NOTE: If you dispense controlled substances, a controlled substance registration and DEA number is required for the addresses listed on this application. To apply for a controlled substance registration, please visit: <https://bop.nv.gov/Services/newapps/Practitioners/>.

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What types of drug(s) will you be dispensing?

- Dangerous Drugs AND Controlled Substances
- Dangerous Drugs ONLY

Section 1: Personal Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: M F X

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Degree: _____ Practitioner License #: _____

(You MUST have a current and active license with your respective BOARD to apply for and maintain a dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 4: Personal and Professional History				Yes	No
1. Have you 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?					
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?					
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?					
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					
If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>					
Board Administrative Action:	State:		Date:		Case #:
Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

 Print Name (First, Last)

 Original Signature (electronic, copies or stamps not accepted)

 Date

Board Use Only Received: _____ Amount: _____



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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: _____ _____ _____			