

NEVADA STATE BOARD OF PHARMACY

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

Dispensing Practitioner Registration Application

Non-Refundable \$300 fee

Rev (06/16/2022)

(This application cannot be used by PA's or APRN's)

**This application cannot be returned by fax or email.
An original signature and fee are required to process.**

Approval of this application is required to request for a Dispensing Practitioner Registration. A Dispensing Practitioner Registration is required for a practitioner to **dispense**¹ drugs from an office or facility. A Dispensing Practitioner Registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NAC 639.742 - 639.745.

Before completing this application, if Controlled Substances (CS) will be dispensed from the office or facility, a practitioner must have:

1. A CS Registration and a DEA license is required for each office or facility where CS dispensing will occur. If you plan to dispense CS and do not have a CS Registration and a DEA license, please visit [2020 CS APP.pdf \(nv.gov\)](#) and follow the instructions in the application to obtain a CS Registration and a DEA license.

Requirements for a Dispensing Practitioner Registration:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of \$300.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.
2. Once a completed application and fee is submitted and reviewed by the Board, the office or facility where the dispensing will occur **MUST** be inspected by a Board inspector before a dispensing registration may be issued. You will receive an email to schedule your inspection.
3. Once an application is approved, the office or facility receives a satisfactory inspection, and all other requirements of the board have been completed, you will receive your Dispensing Registration in your email. Please check your spam or junk mail.

Please note:

- A separate registration must be obtained for each office or facility where a practitioner is dispensing drugs.
- A change in office or facility location requires the practitioner to submit a new application with fee. A satisfactory inspection of the new location will be required before a new dispensing registration will be issued and before any dispensing can take place at the new location.
- The dispensing registration must be renewed in **October of even numbered years** despite when the original license was issued. Fees ARE NOT prorated.
- The information described in NRS 453.163 for CS prescriptions dispensed from the office or facility must be reported to the Nevada Prescription Monitoring Program (PMP) by the end of the next business day after dispensing the CS. NAC 639.926. Registration and information regarding reporting to the PMP can be found at: [PMP \(nv.gov\)](#)
- Nevada statutes and regulations can be accessed at [Nevada Statutes & Regulations \(nv.gov\)](#).
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

¹ **NRS 639.0065:** "Dispense" means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

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Type of Application

- checkbox New Dispensing Location
checkbox Dispensing Location Ownership Change (Provide current Dispensing Registration #: _____)
checkbox Dispensing Location Address Change (Provide current Dispensing Registration #: _____)

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

- checkbox Dangerous Drugs (DD) ONLY
checkbox Dangerous Drugs (DD) AND Controlled Substances (CS) (Provide your Controlled Substance Registration #: _____)

Is the office or facility from which the practitioner intends to dispense DD/CS wholly owned and operated by the practitioner?

- checkbox Yes
checkbox No (Facility owner(s) must complete the Personal History application at www.bop.nv.gov. Submit this with your application.)

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

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

Practice Name: _____
Practice Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

Table with 3 columns: Question, Yes, No. Contains 3 questions regarding military service in the Armed Forces, National Guard, and Public Health Service.

Table with 3 columns: Question, Yes, No. Contains 2 questions regarding court orders for child support and compliance with public agency orders.

Section 5: 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 any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ Original Signature (electronic, copies or stamps not accepted)

_____ Date

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.

I understand that Nevada law requires a registered dispensing practitioner who, in their professional or occupational capacity, knows 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, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: _____ 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 .		
<i>Credit cards are charged a 5% processing fee.</i>		
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: _____ _____ _____		