

## NEVADA STATE BOARD OF PHARMACY

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

### Military - Temporary Nevada Pharmacist Registration Request Application

**Non-Refundable \$125 fee**

**This application cannot be returned by fax or email.**

**We must have an original signature and fee to process.**

If you are a servicemember or a spouse of a servicemember and you wish to obtain:

1. A **Military - Temporary** Nevada Pharmacist Registration to practice pharmacy in Nevada for the duration of your or your spouse's military order, complete this application.
2. A Nevada Pharmacist Registration by **reciprocity** rather than a **Military - Temporary** Nevada Pharmacist Registration, please complete the [Pharmacist Registration Application](#).
3. A **temporary** Nevada pharmacist registration while waiting to obtain your Nevada Pharmacist Registration by **reciprocity**, please complete this application as well as the [Pharmacist Registration Application](#).

A total of \$125 fee is required for any of the above.

The following are <u>required to be completed and/or included with your application to obtain a Military – Temporary Nevada Pharmacist Registration</u> . The Required documents are indicated by an “✓” on the right depending on whether you are a servicemember or a spouse of a servicemember applying for a Military – Temporary Nevada Pharmacist Registration.	Servicemember	Spouse of a Servicemember
• Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at <a href="https://nabp.pharmacy/">https://nabp.pharmacy/</a> before completing this application.	✓	✓
• Print and mail the completed application, along with any of the required documents listed below, with a non-refundable fee of \$125.00 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.	✓	✓
• Provide a copy of your or your spouse's active military ID card or DD214	✓	✓
• Provide proof of military orders described in subsection (a) of 50 USC 4025a	✓	✓
• Provide a copy of the marriage certificate.		✓
• Submit Fingerprints following instructions found at: <a href="#">FP Instructions NRS639.127 639.1371</a> . Please include the fingerprint card, the waiver form, and fingerprint processing fee with submission of this application.	✓	✓

Once the application and necessary documents are submitted as indicated above and successfully processed a **Military – Temporary Nevada Pharmacist Registration may be issued**.

The Nevada State Board of Pharmacy may grant a **Military – Temporary Nevada Pharmacist Registration** to a servicemember or a spouse of a service member pursuant to [50 USC 4025a: Portability of professional licenses of servicemembers and their spouses](#), which states the following:

#### (a) In general

If a servicemember or the spouse of a servicemember has a covered license and relocates residence because such servicemember receives military orders for military service in a State other than the State of the licensing authority that issued the covered license, such covered license shall be considered valid for the scope of practice in the State of the new residence if such servicemember or spouse submits to the licensing authority of such State an application described in subsection (c).

#### (b) Temporary licenses

If a licensing authority is required to consider a covered license valid under subsection (a) but cannot carry out such requirement during the 30 days after receiving an application described in subsection (c), the licensing authority may issue to

the applicant a temporary license that confers the same rights, privileges, and responsibilities as a permanent license.

**(c) Application**

An application described in this subsection includes the following:

- (1) Proof of military orders described in subsection (a).
- (2) If the applicant is the spouse of a servicemember, a copy of the marriage certificate.
- (3) A notarized affidavit affirming, under the penalty of law, that-
  - (A) the applicant is the person described and identified in the application;
  - (B) all statements made in the application are true and correct and complete;
  - (C) the applicant has read and understands the requirements to receive a license, and the scope of practice, of the State of the licensing authority;
  - (D) the applicant certifies that the applicant meets and shall comply with requirements described in subparagraph (C); and
  - (E) the applicant is in good standing in all States in which the applicant holds or has held a license.

**(d) Background checks**

A licensing authority that receives an application described in subsection (b) may conduct a background check of the applicant before carrying out subsection (a) or (b).

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**(f) Definitions**

In this section:

- (1) The term "covered license" means a professional license that, with respect to a scope of practice-
  - (A) is in good standing with the licensing authority that issued such license;
  - (B) has not been revoked or had discipline imposed by any State;
  - (C) does not have an investigation relating to unprofessional conduct pending in any State relating to it; and
  - (D) has not been voluntarily surrendered while under investigation for unprofessional conduct in any State.
- (2) The term "license" means any license, certificate, or other evidence of qualification that an individual is required to obtain before the individual may engage in, or represent himself or herself to be a member of, a particular profession.
- (3) The term "licensing authority" means any State board, commission, department, or agency that-
  - (A) is established in the State for the primary purpose of regulating the entry of persons into or the conduct of persons within, a particular profession; and
  - (B) is authorized to issue licenses.
- (4) The term "military orders" has the meaning given such term in section 3955 of this title.
- (5) The term "scope of practice" means the defined parameters of various duties or services that may be provided by an individual under a license.

**The Military – Temporary Nevada Pharmacist Registration terminates:**

1. At the end of the military service in Nevada;
2. If the military member separates or retires from service;
3. If the temporary license is issued to the spouse of a military member and the military member terminates the marriage; OR
4. If the "covered license" used to obtain the **Military – Temporary Nevada Pharmacist Registration** no longer meets the definition of a "covered license" pursuant to 50 USC 4025a subsection (f).

**Please note the following:**

- The Nevada Revised Statutes and Administrative Codes for pharmacy practice can be accessed at [www.bop.nv.gov](http://www.bop.nv.gov).
- As a Military-Temporary Nevada Pharmacist Licensee, you must follow the scope of practice as defined by Nevada law rather than the scope of practice as defined in the state of your covered license.
- If you are subject to discipline in another jurisdiction, you must report it to the Board within 30 days pursuant to NAC 639.229.
- A Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board. NRS 639.160
- A Military - Temporary Nevada Pharmacist Registration is valid for the duration of the military orders for military service in Nevada and will terminate at the end of the military service in Nevada. An extension of the military service in Nevada requires a new application and fee.
- For questions contact us at 775-850-1440 or by email at [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov).

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## Military - Temporary Nevada Pharmacist Registration Request Application

**Non-Refundable \$125 fee**

### Section 1: Military Information (please check which is applicable to you).

- ☐ I am a servicemember
- ☐ I am the spouse of a servicemember

### Section 2: General Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN or ITIN: \_\_\_\_\_ Sex: ☐ M ☐ F ☐ X

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Temporary License: \_\_\_\_\_

### Section 3: Employment Information (If applicable)

Pharmacy Name: \_\_\_\_\_ NV Pharmacy License # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 4: Covered License Information

Please provide the information below for your "covered license."

The term "covered license" means a professional license that, with respect to a scope of practice-

- (A) is in good standing with the licensing authority that issued such license;
- (B) has not been revoked or had discipline imposed by any State;
- (C) does not have an investigation relating to unprofessional conduct pending in any State relating to it; and
- (D) has not been voluntarily surrendered while under investigation for unprofessional conduct in any State.

State: \_\_\_\_\_ License # \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Section 5: 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? (Mark "Yes" if discharged honorably.)		
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? (Mark "Yes" if discharged honorably.)		
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? (Mark "Yes" if discharged honorably.)		

<b>Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)</b>	<b>Yes</b>	<b>No</b>
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?		

<b>Section 7: Personal and Professional History</b>	<b>Yes</b>	<b>No</b>
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 registration?		
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 administrative action whether completed or pending in <u>any</u> state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> 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 7 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

**Affidavit for a Military – Temporary Nevada Pharmacist Registration**

I, \_\_\_\_\_ (*Your First and Last name*) hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. Check which applies to you:  
☐ I am a servicemember; OR  
☐ I am the spouse of servicemember \_\_\_\_\_ (*First and Last name of Spouse*).
2. I am the person described and identified in the application;
3. All statements made in the application are true and correct and complete;
4. I have read and understand the requirements to receive a Military – Temporary Nevada Pharmacist Registration and my scope of practice as a pharmacist in Nevada;
5. I certify that I meet and shall comply with requirements of [50 USC 4025a: Portability of professional licenses of servicemembers and their spouses](#);
6. I am in good standing in all States in which I hold or have held a license; and
7. The "covered license" I listed in this application:
  - A. is in good standing with the licensing authority that issued such license;
  - B. has not been revoked or had discipline imposed by any State;
  - C. does not have an investigation relating to unprofessional conduct pending in any State relating to it; and
  - D. has not been voluntarily surrendered while under investigation for unprofessional conduct in any State.
8. The end date of my or my spouse's current military order in Nevada is \_\_\_\_\_ (*MM/DD/YYYY*).

FURTHER YOUR AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO  
Before me, a notary public this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

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 may 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 attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist 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.

\_\_\_\_\_  
Original Signature, no copies or stamps accepted

\_\_\_\_\_  
Date

<b>Board Use Only</b>	Date Received: _____	
	Temporary License Issued: _____	Temporary License Expiry: _____



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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](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>Registration Amount:</b> \$ _____
<b>Name on Card:</b> _____		
<b>Billing Address:</b> _____ _____ _____		