

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date \_\_\_\_\_

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for \_\_\_\_\_

Nature of License

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Name and Address of Establishment for Which License Is Requested

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If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

\_\_\_\_\_  
Present Residence Address-Street or RFD City State/Zip

Dates

\_\_\_\_\_  
Present Business Address City State/Zip

Dates

\_\_\_\_\_  
Occupation

Phone:  
Residence \_\_\_\_\_

Business \_\_\_\_\_

\_\_\_\_\_  
Date of Birth Place of Birth (City, County, State)

\_\_\_\_\_  
Age Social Security Number or ITIN Sex

\_\_\_\_\_  
Color of Eyes Color of Hair Complexion Weight Build Height

\_\_\_\_\_  
Scars, tattoos or distinguishing marks and/or characteristics

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Are you a citizen of the United States? Yes  No  If alien, registration No \_\_\_\_\_

\_\_\_\_\_  
If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial \_\_\_\_\_

**A. Current Marriage** \_\_\_\_\_  
Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 Spouse's full name (Maiden) \_\_\_\_\_ SS# or ITIN \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Resident address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address of employer \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

**B. Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial \_\_\_\_\_

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Spouse			
Spouse			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any \_\_\_\_\_

College or university where obtained \_\_\_\_\_

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes  No   
 Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_  
 Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_  
 Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No   
 County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No   
If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial \_\_\_\_\_ Page 4

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ➡ No ➡ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ➡ No ➡ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County

Applicant's initial \_\_\_\_\_

**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
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Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

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**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

**10.** Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
**If yes, complete the following:**

Box Number or Type of Depository	Location	City and State	Authorized Users

**11.** Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

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.....

.....

**12.** Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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Applicant's initial \_\_\_\_\_ Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph \_\_\_\_\_

Applicant's initial \_\_\_\_\_



STATE OF \_\_\_\_\_

ss.

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

.....  
Original Signant of Applicant

Subscribed and Sworn to before me this \_\_\_\_\_ day of

.....  
.....  
Notary Public

(seal)

Applicant's initial \_\_\_\_\_  
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ADDITIONAL INFORMATION

Lined writing area consisting of approximately 40 horizontal dotted lines for text entry.