

NEVADA STATE BOARD OF PHARMACY

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

Facility for Treatment with Narcotics Application

Non-Refundable \$80 fee

Rev (08/05/2026)

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

NAC 449.1542 "Facility for treatment with narcotics" defined. (NRS 449.0302, 449.0303) "Facility for treatment with narcotics" means any person or any public or private facility that provides a narcotic treatment program described in 42 C.F.R. Part 8.

42 C.F.R. § 8.2. "Opioid agonist treatment medication" means any opioid agonist drug that is approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opiate addiction.

NRS 639.0065 "Dispense" defined.

1. "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.
2. The term does not include the furnishing of a controlled substance by a hospital pharmacy for inpatients.

NRS 453.021 "Administer" defined. "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

1. A practitioner or, in the practitioner's presence, by the practitioner's authorized agent; or
2. The patient or research subject at the direction and in the presence of the practitioner.

A person or public or private facility may apply to the Board for a license to administer opioid agonist treatment medication by submitting an application to the Board. A facility for treatment with narcotics must meet all the following criteria:

1. Be certified by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 8.11;
2. Hold a license issued by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154 to 449.15485, inclusive, to operate a facility for treatment with narcotics;
3. Be certified by the Division of Public and Behavioral Health of the Department of Human Services pursuant to NRS 458.025;
4. Be registered with the Drug Enforcement Administration (DEA) [Opioid Treatment Program \(OTP\) - How to Become Certified? | SAMHSA](https://www.samhsa.gov/medications-substance-use-disorders/become-accredited-opioid-treatment-program) (<https://www.samhsa.gov/medications-substance-use-disorders/become-accredited-opioid-treatment-program>), [eCFR :: 42 CFR 8.11 -- Opioid treatment program certification](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8/subpart-C/section-8.11). (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8/subpart-C/section-8.11>); AND
5. Employ a medical director who must be:
 - a. A physician who is licensed to practice medicine or osteopathic medicine pursuant to chapter 630 or 633 of NRS, as applicable;
 - b. Registered to dispense controlled substances pursuant to NRS 453.231; and
 - c. Registered as a dispensing practitioner pursuant to NAC 639.742; and
6. Notify the Board before changing the medical director of the facility.

Complete and mail the application that is **attached** to these instructions to the address indicated above with the required **non-refundable fee of \$80.00**. Fees can be paid by credit card, debit card, personal 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**.

Upon approval of the application, a pre-opening inspection will be required. Information regarding the pre-opening inspection will be provided to you after the approval of your application. If the facility receives a satisfactory pre-opening inspection and all other requirements of the board have been completed, a license will be issued.

A Facility for Treatment with Narcotics license expires OCTOBER 31, OF EVEN NUMBERED YEARS, despite when the registration is issued.

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Section 1: Your Information

First: _____ Middle: _____ Last: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

If the owner of the facility is a practitioner, include the following:

Practitioner License #: _____ Specialty: _____

Controlled Substance (CS) Registration #: _____ DEA #: _____

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

Practice Name (if any): _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Please indicate if opioid agonist treatment medication(s) will be administered or administered and dispensed at the facility:

☐ The facility will **ONLY BE** administering opioid agonist treatment medications.

☐ The facility will be administering **AND** dispensing opioid agonist treatment medications.

Section 3: Medical Director Information

Name: _____ CS Registration #: _____

DEA # _____ Dispensing Practitioner Registration #: _____

Section 4: Provide the following documents with your application:

1. The facility certification by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 8.11;
2. The facility license issued by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154 to 449.15485, inclusive, to operate a facility for treatment with narcotics;
3. The facility certification by the Division of Public and Behavioral Health of the Department of Human Services pursuant to NRS 458.025;
4. A copy of the Facility for Treatment with Narcotic's Drug Enforcement Administration (DEA) Certificate; AND

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: Date Processed: _____ Amount: _____



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • (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: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express		Credit Card #: _____	
Expiration Date: ____/____ (MM/YY)		CVV (3 digits on back of card):	Amount: \$ _____
Name on Card: _____			
Billing Address: _____ _____ _____			