

NEVADA STATE BOARD OF PHARMACY

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

**Nevada Managing Pharmacist Certification of Training Hours for
Pharmaceutical Technician in Training (PTT)**

Rev (06/22/2022)

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

Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PTT: _____ PTT License #: _____
 Pharmacy Manager Name: _____ Pharmacy Manager License #: _____
 Name of Pharmacy: _____ Pharmacy License #: _____
 Pharmacy Address: _____
 City: _____ State: _____ Zip: _____
 Time period PTT employed (mm/yy-mm/yy): _____

I certify to the Board that the above-named PTT has successfully completed _____ hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

[Empty box for listing training and experience]

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? Yes No (If you answered "No" please explain why below):

[Empty box for explaining why if "No" is selected]

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form 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.

Print Name (First, Last)

Original Signature of Managing Pharmacist, no copies or stamps accepted Date

Board Use Only	Date Received: _____
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