NEVADA STATE BOARD OF PHARMACY

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

Out-of-State Managing Pharmacist Certification of Employment Hours for Pharmaceutical Technician (PT)

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 PT Employment Hours (NAC 639.240) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PT: _____ PT License # (if applicable): _____

Pharmacy Manager Name: _____ Pharmacy Manager License #: _____

Name of Pharmacy:_____ Pharmacy License #: _____

Pharmacy Address: _____

City: _____ State: _____ Zip: _____

Time period PT employed (mm/yy-mm/yy): _____

I certify to the Board that the above-named PT 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:

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

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 (electronic, copies or stamps not accepted) Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____ (your name), am the _____ (your title) for _____ (name of Pharmacy), located at _____(address of Pharmacy). I have worked with the pharmaceutical technician, _____ (name of technician) listed on this form, and I certify that the statements contained herein are true and correct and contain a full and true account of the information requested.

_____ _____

Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

(Seal)

Board Use Only	Date Received: _____