

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.

Total Fee: \$330.00 (non-refundable, money order only, no cash)

Complete Name (no abbreviations):

First: Van Middle: Khanh Last: Pham

Mailing Address: 3602 Sockeye Lane

City: N. Las Vegas State: NV Zip Code: 89032

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Bataan, Philippines

Social Security Number: \_\_\_\_\_ (Required) Sex:  M or  F

### College of Pharmacy Information

Graduation Date: 06/13/14

(mm/dd/yy)

Degree Received:  PharmD  BS in Pharmacy  Other (check one)

Name of Pharmacy School: South University School of Pharmacy

Location of School: 709 Mall Blvd, Savannah, GA 31406

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>None</u>	<u>None</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>None</u>	<u>None</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>None</u>	<u>None</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>None</u>	<u>None</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*Attach separate sheet if necessary

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: None

	<b>Yes</b>	<b>No</b>
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 license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:		
	N/A	/ /	N/A		
Criminal Action:	State	Date:	Case #:	County	Court
	N/A	/ /	N/A	N/A	N/A

**FEDERALLY MANDATED REQUIREMENTS**

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes  No   
**4a. If you marked Yes, to the question 4, are you in compliance with the court order?....** Yes  No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to 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.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know 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.

VanRham October 5<sup>th</sup>, 2015  
 Original Signature, no copies or stamps accepted Date

<b>Board Use Only</b>		
Processed: <u>119-15</u>	Amount: <u>\$330.00</u>	Entity #: <u>55379</u>
Laws <u>11-16</u>	NAPLEX <u>1278</u>	MPJE _____

**Van K Pham- · NAPLEX**

NABP\_Comp\_Assess [NABP\_Comp\_Assess@nabp.net]

**Sent:** Tuesday, February 23, 2016 3:04 PM  
**To:** Pharmacy Board  
**Cc:** Incrocci, Maria [mincrocci@nabp.net]  
**Attachments:** Invalidation\_Cell Phone.doc (173 KB)

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February 23, 2016

Dear Larry L. Pinson,

After careful evaluation of Van K Pham's North American Pharmacist Licensure Examination<sup>®</sup> (NAPLEX<sup>®</sup>) score results from the January 25, 2016 administration, along with the test administrator report from Pearson VUE, and supporting documentation from the candidate, the National Association of Boards of Pharmacy<sup>®</sup> (NABP<sup>®</sup>) has invalidated her NAPLEX score for engaging in misconduct at the testing center.

Attached is the e-mail letter that has been sent to Ms Pham. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Linda F Johnson CPhT  
Competency Assessment Security and Operations Manager  
National Association of Boards of Pharmacy  
1600 Feehanville Drive  
Mount Prospect, Ill 60056  
Tel: 847/391-4479  
Fax: 847/375-1179  
[ljohnson@nabp.net](mailto:ljohnson@nabp.net)



nabp

## National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014

Tel: 847/391-4406 • Fax: 847/391-4502

Web Site: [www.nabp.net](http://www.nabp.net)

*via certified mail and email*

February 23, 2016

NABP e-Profile ID Number:

Van K Pham  
3602 Sockeye Lane  
North Las Vegas NV 89032

Dear Van K Pham,

The National Association of Boards of Pharmacy® (NABP®) records indicate that on January 25, 2016 you attended the North American Pharmacist Licensure Examination® (NAPLEX®) for the state of Nevada. The testing center administrator, Pearson VUE, provided NABP with an incident report stating that you were observed accessing a cell phone during your examination appointment.

NABP has reviewed the statement you provided as well as the incident report from the testing center administrator. NABP has determined that you engaged in misconduct during your examination appointment. Before the examination started, you read and agreed to the terms of the Non-Disclosure and Examinee Conduct Agreement for NABP examination programs. Specifically, you confirmed that you read and understood the contents of the, *NAPLEX/MPJE Candidate Registration Bulletin* and you would comply with all expectations for examinee conduct. Please refer to pages 17-19 of the *NAPLEX/MPJE Candidate Registration Bulletin* for additional details.

Individuals, who engage in any of the following misconduct or exhibit any of the following behaviors during their examination appointment session, may be subject to one or more of the actions listed in the "Actions" subsection of this bulletin, below. The examination appointment session begins when the candidate is checked into the test center, and includes scheduled and non-scheduled breaks, and ends when the candidate is dismissed from the center.

### Misconduct during examination

- **Accessing a cell phone or any other electronic communications devices.**

Actions

If NABP obtains information that an individual has engaged in any misconduct as defined in the bulletin, NABP in its sole discretion may take one or more actions but not limited to:

- **Withholding the reporting of an examination score or invalidation or cancellation of an examination score, as described in the “NAPLEX and MPJE Score Withholding, Cancellation, or Invalidation” section.**

Based upon the violation of the misconduct policy, NABP has invalidated/cancelled your January 25, 2016 NAPLEX score. If you wish to test again, NABP requires you to submit a new registration form and fees, and a state board of pharmacy must reconfirm your eligibility. Please note that candidates must wait 91 days from the date of their examination before they are allowed to retake the NAPLEX. The *NAPLEX/MPJE Candidate Registration Bulletin* contains complete details regarding the application process, and it may be viewed at [www.nabp.net](http://www.nabp.net).

Sincerely,

Competency Assessment Department

cc Larry L. Pinson, Nevada State Board of Pharmacy

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