

PT09689

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):
First: REBECCA Middle: LOUISE Last: PENN
Home Address: 1301 E. BLACKHORN Apt #: _____
City: PATRUMP State: NV Zip Code: 89048
Telephone: _____
Date of Birth: _____
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:
Pharmacy: WALGREEN'S Store #: 05046
Address: 770 S. Hwy 1600
City: PATRUMP State: NV Zip Code: 89048
Signature of Managing Pharmacist: [Signature] Lic #: 14698 Date: 7/18/08
(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes ☒ No ☐
2) Are you a high school graduate or the equivalent? Yes ☒ No ☐
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)
3) I have _____ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
4) I have _____ I have not ☒ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐
5) I have _____ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have _____ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.
a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or
b) Criminal Action State: _____ Date: _____ Case #: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.
I am _____ I am not ☒ subject to a court order for the support of a child.
IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.
I am _____ I am not _____ 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 for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.
[Signature] Date: 7/18/08

Board Use Only
Received: JUL 23 2008 Check Number: 861 Amount: 40-

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: REBECCA Middle: LOUISE Last: PENNY

Home Address: 1361 BLACKHOEN ST. Apt #: _____

City: PAHRUMP State: NV Zip Code: 89048

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: CALIFORNIA

E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- ☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- ☐ Copy of a certificate from an ASHP approved pharmacy technician school.
- ☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: _____

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
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"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. 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 (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	CA	12/24/2004 12/23/2007 5/23/2007	04NM02101 02PM15360 623402255	CLARK	CLARK COUNTY SUPERIOR COURT

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

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒
- If you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT 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.

Original Signature, no copies or stamps accepted

Date: 7/8/14

Board Use Only: Date Processed: _____ Amount: \$40.00 93482

Question #3 - Explained

On 2-29-2002 - DUI Alcohol.

✓ 5-22-2002 - DUI on a Suspended License (Suspended for 1mo)

✓ 12-23-2002 - Public Intoxication; Inside a bar.

✓ 2-24-2004 - Forgery / False check; Used Ex-boyfriend's check.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE**JUSTICE CENTER:**

- ☐ Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045
☐ Civil Complex Center - 751 W. Santa Ana Blvd., Santa Ana, CA 92701-4512
☐ Harbor-Laguna Hills Facility - 23141 Moulton Pkwy., Laguna Hills, CA 92653-1251
☐ Harbor-Newport Beach Facility - 4601 Jamboree Rd., Newport Beach, CA 92660-2595
☐ Lamoreaux - 341 The City Drive, Orange, CA 92668-3205
☒ North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500
☐ West - 8141 13th Street, Westminster, CA 92683-4593

RECORD SEARCH RESULTS

A search of court records for: ☒ Unlimited Civil ☒ Limited Civil ☒ Small Claims ☒ Family Law ☒ Probate
☒ Juvenile ☒ Traffic ☒ Criminal has been completed for the above marked Justice Center.

All databases and indexes were searched and produced the following information:

Name: Rebecca Louise Penn DOB: 09/15/1978 CA Driver's License: B7676305

☒ Records search for: 1994 through 2014

☐ No record(s) found.

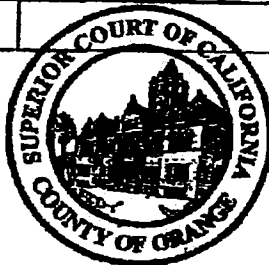
☐ The records you are requesting have been destroyed in accordance with Government Code §88152.

☐ The following court records have been found:

FILE/VIOLATION/ ISSUE DATE	CASE NUMBER	SHORT TITLE OR CHARGE(S)
01/25/2002	02NM02255	Case Destroyed Pursuant to GC 68152
03/18/2002	02NM04146	Case Destroyed Pursuant to GC 68152
11/15/2002	02NM15360	Case Destroyed Pursuant to GC 68152
02/20/2004	04NM02184	Case Destroyed Pursuant to GC 68152

☐ See attachment for additional court records.

Date: 06/20/2014



ALAN CARLSON, Clerk of the Court

J. FUNES

DEPUTY CLERK

Court Use Only
L1208 (Rev. July 28, 2011)

RECORD SEARCH RESULTS



Police Department

June 13, 2014

Rebecca Penn
4502 Kathy Dr.
La Palma CA 90623

RE: 02-15719
04-2815

To Whom It May Concern:

This department has a Records Retention Schedule, adopted by the Fullerton City Council on 9-19-89, which allows for the purging and destruction of certain records. Crime and Arrest Reports are purged after seven years with a few exceptions.

With best regards,

DAN HUGHES
Chief of Police

A handwritten signature in cursive script, appearing to read "J. Langstaff", is written over the printed name.

JULIE LANGSTAFF
Technical Services Manager

cc: UNC 14-32689

DEPARTMENT OF HIGHWAY PATROL

(800) 735-2929 (TT/TDD)

(800) 735-2922 (Voice)



Santa Ana Area
2031 E. Santa Clara Avenue
Santa Ana, CA 92705-7838
(714) 567-6000

July 8, 2014

Dear Ms. Rebecca Penn;

This letter is in response to your request for any record of contact you have made with the Santa Ana Area of the California Highway Patrol (CHP).

The Santa Ana Area of the California Highway Patrol (CHP) maintains misdemeanor arrest reports for three years plus current and felony reports for four years plus current. Traffic collision reports are retained for four years. Citations are retained for six months. If the individual's contact, arrest, traffic collision or citation was beyond those periods, the reports have been purged. If the contact occurred in another CHP jurisdiction, you would need to contact that specific CHP Area.

Records indicate there was an arrest on 01/25/2002 for 23152(a) VC and 23152(b) (both misdemeanors). This report is past our time of retention and we have no way to retrieve this record. If you have any further questions or concerns, you may contact our Court Liaisons, Officer John Portillo or Officer Philip Husband, between 8:00 A.M. and 2:00 P.M., Monday through Friday at (714) 567-6000.

Sincerely,

B. Pemberton, Lt.

B. PEMBLETON, Lieutenant
Santa Ana Area



CITY OF BUENA PARK

Police Department
Thomas Monson, Chief of Police

Date: 07-21-14

TO WHOM IT MAY CONCERN:

RE: PENN, REBECCA LOUISE

DOB: 09-15-78

The report you have requested has been purged per Resolution No. 10560 of the Buena Park City Council. This resolution authorizes the destruction of certain records maintained by the Police Department.

Section 34090 of the Government Code provides for the destruction of public records when the records are no longer required by statute or law or necessary. Therefore, the original and any file copies have been destroyed.

COREY S. SIANEZ
CHIEF OF POLICE

K. Perkins #1062

BY: K.PERKINS #1062
FOR: Lt. R. Forsyth #594
RECORDS SUPERVISOR

PD PURGE (04/01)

6650 Beach Boulevard, P.O. Box 5009, Buena Park, California, 90622-5009

(714) 562-3901 Fax (714) 523-2911