

NEVADA STATE BOARD OF PHARMACY

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

Individual or Business Disclosure Form (Pursuant to NAC 639.229)

Section 1: Licensee Type

Individual (License/Certificate/Permit #: _____)

Business (License/Certificate/Permit #: _____)

Section 2: What are you reporting?

A conviction. The term "conviction" means a conviction for any crime, other than a misdemeanor traffic violation that does not involve the use of alcohol or a controlled substance, and includes, without limitation, a:

- a. Final judgment of conviction;
- b. Plea of guilty or nolo contendere;
- c. Plea pursuant to North Carolina v. Alford, 400 U.S. 25 (1970); or
- d. Guilty verdict following a bench or jury trial, regardless of whether a sentence is suspended or deferred, a final judgment of conviction has been entered or there are any pending appeals.

Administrative action taken against you by a professional licensing board or state or federal agency

The surrender of a registration issued by the Attorney General of the United States pursuant to 21 U.S.C. § 823

Section 3: Reporting Person's Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Contact Email: _____

Section 4: Business Information (Only complete this section if you are reporting about a business)

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

STATEMENT OF EXPLANATION: Type or neatly print a summary of the events below. Be as concise as possible. Use a separate sheet of paper if necessary. A copy of all documents that identify the circumstances or contain an order, agreement or other disposition for the event must be provided.

Date the events occurred: _____

Date of the final disposition: _____

Provide your explanation 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 on this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, the information on 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

Date