NEVADA STATE BOARD OF PHARMACY

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

Pharmacist Application

Non-Refundable $250 fee

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

You may obtain your Nevada pharmacist registration by:

1. **Examination**: You have not taken or passed the NAPLEX and are requesting for a pharmacist registration in Nevada by taking and passing the NAPLEX and Nevada Law Examination (NVLE).
2. **Score Transfer**: You have taken and passed the NAPLEX and you have or will request NABP to transfer the score to Nevada within 89 days after taking the exam so you may apply to take and pass the NVLE to become a registered pharmacist in Nevada.
3. **Reciprocation**: You have a current pharmacist license/registration from another state. You wish to transfer the license/registration to Nevada and pass the NVLE to become a registered pharmacist in Nevada. (*Note: California pharmacists licensed before January 1, 2004, are required to obtain the Nevada pharmacist registration by Examination).

The following are required to be completed and/or included with your application to obtain a Nevada pharmacist registration by Examination, Score Transfer or Reciprocation. Required documents are indicated by an "✓".	**Examination**	**Score Transfer**	**Reciprocation**
• **Complete NABP's Electronic Licensure Transfer Program (e-LTP) application** at https://nabp.pharmacy/ before completing this application.			✓
• **Transfer your NAPLEX SCORE to Nevada** within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.		✓	
• **Print and mail the completed application, along with any of the required documents listed below, with a non-refundable fee of $250.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.	✓	✓	✓
• ***For active members of Armed Forces, member's spouse, veteran, or veteran's surviving spouse** obtaining a pharmacist registration by **reciprocation**, provide a copy of your or your spouse's active military ID card or DD214 to receive a one-half reduction of your registration fee. **Submit a non-refundable fee of $125.00** with your application.			✓
• **A minimum of 1,500 verified intern hours**. Verification of intern hours must come directly from the state board of pharmacy where you are/were registered as an intern. The Board will also accept a verification of hours from your school.	✓	✓	
• **Transcripts conferring your degree** submitted directly from the school of pharmacy from which you graduated from. **(This requirement does not apply to foreign graduates.)**	✓	✓	
• ***Foreign graduates ONLY,** those who received their pharmacy degree from a pharmacy school NOT ACPE accredited, submit your FPGEC certificate with your application.	✓	✓	✓
• **Submit Fingerprints** following instructions found at: FP Instructions NRS639.127 639.1371. Please include the fingerprint card, the waiver form, and fingerprint processing fee with submission of this application.	✓	✓	✓
• **After you have completed the above, as applicable, register with NABP (www.nabp.pharmacy)** to request to take the NAPLEX (if you are obtaining your Nevada pharmacist registration by examination).	✓		

Please note the following:

- Allow 30 days for receipt and processing of your application. Once you have submitted your completed application and it is processed:
    - NABP will send you your authorization to test (ATT) and information regarding how to schedule your NAPLEX (if you are obtaining your Nevada pharmacist registration by examination).
    - The Board will send you an email with instructions on how to access the NVLE.
- A Nevada pharmacist registration will be issued once you have successfully passed the NVLE and NAPLEX (if you are obtaining your Nevada pharmacist registration by examination) and have completed all the requirements of the application.
- The Nevada Revised Statutes and Administrative Codes for pharmacy practice can be accessed at www.bop.nv.gov.
- The $250.00 fee is a Nevada Board of Pharmacy Application fee ONLY and does not include the fees for the NAPLEX exam issued by NABP.
- **For the NAPLEX**: Candidates have a maximum of 5 attempts to pass the NAPLEX unless otherwise approved by the Board. There is a mandatory 45-day waiting period after a failed attempt to take the NAPLEX. There are a maximum of 3 attempts per 12-month period. Candidates who reach the maximum of 3 attempts per 12-month period must wait at least 12 months from the first attempt to reapply and begin the application process again. You must submit a new application with fee with the Board for each attempt. A new examination fee will be required by NABP. What Is the NAPLEX?, NAPLEX Prep Opportunities & Study Guide | NAPLEX Exam. NRS 639.130.
- **For the NVLE:** Candidates have unlimited attempts to pass the NVLE. You must submit a new application with fee with the Board for each attempt. NRS 639.130. **The NVLE will test your knowledge of state and federal pharmacy laws. The NVLE is a 90-minute exam composed of 50 questions. You must answer all questions in the order in which they are presented. You may not skip any questions. You cannot go back to previous questions or change your answers once you have confirmed your answer choice and moved on. You are not permitted to copy or share questions from this online examination. Copying or sharing questions from the online examination is considered unprofessional conduct and may result in disciplinary action by the Board.** NRS 639.210
- This application expires 1 year from the date it is signed. An applicant for a certificate as a registered pharmacist must provide all information and make any required appearances by the Board within 1 year from the date the application is signed. An applicant who does not provide all information and make all required appearances by the Board within 1 year must submit a new application. NAC 639.205.
- All Pharmacist Registrations in Nevada expire October 31 of odd-numbered years. Fees are not pro-rated.
- A Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board. NRS 639.160, NAC 639.225.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

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Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or NVLE? ☐ Yes ☐ No

Section 2: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 3: Employment Information

Pharmacy Name:_____ NV Pharmacy License # (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 4: College of Pharmacy Information

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Graduation Date: _____ Degree: ☐ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE or law examination).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 9: Personal and Professional History	Yes	No
1. Have you 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 registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the 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. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows 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, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Print Name

_____ _____

Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ Amount: _____ NAPLEX: _____ NVLE: _____

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985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: (MM/YY)	**CVV** (3 digits on back of card): _____	**Registration Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		