

NEVADA STATE BOARD OF PHARMACY

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

Updating Personal, Employment and/or Contact Information Form

This form is for INDIVIDUAL registrants and licensees. A Business may update their information by completing the applicable form at [Businesses](#).

To update your personal, employment, and/or contact information associated with your registration or license with the Nevada State Board of Pharmacy (Board), please complete this form and send it to pharmacylicensing@pharmacy.nv.gov or fax to 775-850-1444. It may take up to 10 business days for your request to be processed. (NAC 639.225, NAC 639.226, NAC 453.280, NRS 639.242).

Note: For a holder of a controlled substance (CS) registration, a **Nevada practice or business address is REQUIRED. You may NOT change your practice or business address to a residential address.**

Note: For a holder of a dispensing practice (PD) registration, a **change in office or facility location requires you to submit a new application with fee** ([Dispensing Practitioner Application](#)). A satisfactory inspection of the new location will be required before a new dispensing registration will be issued and before any dispensing can take place at the new location.

Select the boxes that are applicable to you:
☐ I live in Nevada and practice in Nevada.
☐ I live in Nevada, I no longer practice, but I want to maintain an active license.
☐ I live in another state or country and serve Nevada patients via telemedicine or telehealth.
☐ I live in another state or country, I no longer practice, but I want to maintain an active license.

Select the change you wish to make to your registration/license (select all that apply):
☐ Name Change*
☐ Contact information (address, phone and/or email) change
☐ Employment information change

List all registration/license numbers that this change applies to:

Field	"Old" Information	New Information (ONLY complete the fields that you are requesting to be updated or changed from your "Old" information (on the left)).
First Name		
Middle Name		
Last Name		
Date of Birth		
Last 4 digits of your SSN or ITIN	xxx-xx-	xxx-xx-
Home Phone #		
Cell Phone #		
Personal Email		
Home Address		
Home City		
Home State		
Home Zip		
Employment Information		
Practice Name		
Practice Address		
Practice City		
Practice State		
Practice Zip		
Practice Phone #		
Practice Email		

Provide any additional information you think we may need:

* If you are submitting a name change, please email pharmacylicensing@pharmacy.nv.gov or fax to (775) 850-1444 a copy of this completed form and the accompanying documents:

1. Your Nevada State Board of Pharmacy registration certificate;
2. Supporting documentation of your name change (i.e. Marriage Certificate, Divorce Documentation, etc.);
AND
3. Copy of a federal, state or local governmental agency issued identification with the new name.

Please contact the Board if you have any questions at pharmacylicensing@pharmacy.nv.gov or 775-850-1440.

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 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