

Nevada State Board of NURSING

Application for Advanced Practice Registered Nurse (APRN) Dispensing Privileges

Return to: Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547
(888) 590-6726 | fax (775) 687-7707 | www.nevadanursingboard.org

Instructions

- Submit complete application and examination fee of \$150
- Contact the Nevada State Board of Nursing (888) 590-6726 to schedule the dispensing examination.
- Dispensing privileges are granted only after you have received prescribing privileges. Please submit separate prescribing privileges application if you have not already done so.

First Name	Middle Name	Last Name	
Social Security #	Date of Birth	Telephone #	Email Address
Mailing address (if you move, please notify the Board immediately, in writing, or via the Board's website)			
City	State	ZIP	Male Female

Practice Location (if you change practice locations, please notify the Board immediately, in writing)

Affirmation that current requirements of Nevada law will be met.

Yes	No	I affirm (swear) I will only dispense controlled substances, poisons, dangerous drugs or devices, which are within the standard of my identified APRN role and population focus.
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Affirmation

It is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation.

Yes	No	<p>I affirm (swear) that I have read this application and the statements made are true and correct. <i>If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.</i></p>
		<p>Signature _____ Date _____</p>

If Paying By Credit Card, Please Complete

Visa MasterCard Discover American Express		
Card number	Exp. Date	Amount \$150.00
Name on card		