



California State Board of Pharmacy

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www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

PHARMACIST EXAMINATION AND LICENSURE APPLICATION INSTRUCTIONS

APPLICATION PROCESSING TIMEFRAME

- Please allow the board 30 days to process your application. The board will mail you either your eligibility letter to sit for the examination(s) or a deficiency letter if your application is incomplete.
- Due to current workload the board will not be able to respond to status checks on your application unless your application has been on file for over 60 days.
- Once you have completed your requirements for licensure (passing both NAPLEX and CPJE) and your bank has processed your initial license fee check, an easy way to verify if the board has issued you a license is to visit the board's website at www.pharmacy.ca.gov under "Verify a License", as the processing time to receive your license wallet certificate is 4-6 weeks from the date the license is issued.

APPLICATION INSTRUCTIONS

Print out the entire application and required forms as instructed under What Makes an Application Complete on page 2 and 3 of these instructions. Please review the **Qualifying Method** section below to ensure you qualify and **What Makes an Application Complete** section below to ensure you have completed and included all the required forms prior to submitting your application to the board.

PLEASE NOTE: It is very important that when you complete the application, your name you apply under IDENTICALLY matches the name on your United States (U.S.) government issued photo identification (state issued driver's license or state issued identification card), your U.S. social security card, **AND** the name on your Request for Live Scan form or fingerprint cards.

QUALIFYING METHOD

To be licensed as a pharmacist in California, you must:

- Be at least 18 years of age.
- Have at least a baccalaureate degree (BS) in Pharmacy from an Accreditation Council for Pharmacy Education (ACPE) college of pharmacy program or other program recognized by the board pursuant to Business and Professions Code section 4200(a)(2) and Title 16 California Code of Regulation section 1719. Graduates from a college of pharmacy program outside the U.S. must meet Title 16 California Code of Regulations Section 1720.1 which states, "Graduates of foreign pharmacy schools who have been certified by the Foreign Pharmacy Graduate Equivalency Committee shall be deemed by the board to have satisfied the requirements of paragraphs (3) and (4) of Business and Professions Code Section 4200(a). Candidates who have been certified by the Foreign Pharmacy Graduate Equivalency Committee before January 1, 1998, must also provide the board with a score on the Test of Spoken English of least 50. For candidates who took the Test of Spoken English before June 30, 1995, a score of at least 220 must be achieved."
- Have completed 1,500 intern experience hours or verified licensure as a pharmacist in another state for at least one year.
- Have taken and passed after December 31, 2003, the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE).

Requirements for pharmacist licensure in California are listed in California Business and Professions Code section 4200(a)(1-6)

FULL LEGAL NAME

It is very important that you complete your application by applying under your full legal name. Your full legal name on record with the board is the name you submit on your initial application whether that is your intern pharmacist or pharmacist licensure examination application. The board will make you eligible only under your full legal name on file with the board and not aliases. If you have an intern permit and need to verify your full legal name on file with the board prior to submitting your application, please visit the board's Web site at www.pharmacy.ca.gov and click on "Verify a License".

If you need to change your full legal name on any license issued by the board, you must submit one of the following methods of documentation:

- A clear copy of your driver's license and US social security card;

- A marriage certificate; or
- Court documents documenting your change of name.

In order to be admitted to take the CPJE, you will need to be prepared to display at the testing site your U.S. government issued photo identification AND your U.S. social security card. Your name on both forms of identification must match letter for letter as your full legal name on file with the board (e.g., if your middle name is spelled out on your U.S. government issued photo identification, then your middle name must be spelled out on your U.S. social security card, and both of these identifications must match exactly your full legal name with the board.) The testing site will NOT allow you to sit for the CPJE without having your full legal name on your U.S. social security card match your U.S. government issued photo identification card. Photocopies of your identifications will not be accepted.

WHAT MAKES AN APPLICATION COMPLETE Before the board can classify you as eligible to take the NAPLEX and/or the CPJE, you must submit a fully completed “Application for Pharmacist Examination and Licensure (form 17A-1)” along with all other required documents and fees as instructed in this section.

- APPLICATION FEE \$200:** Submit a check, money order, or cashier’s check in the amount of \$200, made payable to the Board of Pharmacy. The application fee is non-refundable.
- APPLICATION FOR PHARMACIST EXAMINATION AND LICENSURE (form 17A-1):** The application must be completed in its entirety-- with all questions answered. Failure to do so will result in an incomplete application and a deficiency letter will be mailed to you. Failure to correct the deficiencies will result in your application being deemed abandoned. A passport style photo (2” x 2”) must be taken within 60 days of filing the application, and must be attached to the front of the application. (Scanned images and Polaroid pictures are not accepted as the images decay over time.) You need to complete, sign, and date the application. Do not allow your school to complete pages 1, 2, and 3 of the application.
- EXAMINATION SECURITY AGREEMENT (form 17A-76):** This document must be signed and dated by the applicant pursuant to Title 16 California Code of Regulations Section 1728 and be submitted with your application.
- OFFICIAL TRANSCRIPT:** An official transcript showing the date of graduation and pharmacy degree earned, sent directly to the board from your school or college of graduation. Foreign graduates must submit a copy of his/her Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate as proof of their FPGEC certification **INSTEAD** of providing a transcript.
- DOCUMENTATION OF INTERN HOURS:** You must document at least 1,500 hours of intern experience **OR** submit verification that you have been licensed as a pharmacist for at least one year in another state. If you have not been licensed as a pharmacist for at least one year, then you must submit documentation of pharmacist intern hours obtained on form 17A-29 along with Verification of License in Another State (17A-16)
 1. **Intern Hours** – Documentation of a minimum of 1,500 intern hours must be submitted on the *Pharmacy Intern Hours Affidavit (17A-29)*. The affidavit must have an original signature and be submitted with the application. The board will NOT accept transcripts in lieu of the Pharmacy Intern Hours Affidavit(s). A total of 1,500 intern hours is required but does not have to be obtained in one pharmacy location. Please submit a separate form for each pharmacy location.
 - Intern Hours Affidavit (17A-29) – This form must be completed by the supervising pharmacist or pharmacist-in-charge documenting your pharmacist intern hours obtained in a pharmacy OR the number of hours obtained in experience substantially related to the practice of pharmacy.
 - The Pharmacist Intern Hours Affidavit form (17A-29) must be submitted whether the pharmacist intern hours were obtained in California or outside California.

AND

2. **Experience Obtained in Community and Institutional Settings (form 17A-77):** This document must be signed attesting that you have obtained all pharmacist skills required by the board in community and institutional settings. The Affidavit of Intern Experience Obtained in Community and Institutional Settings (form 17A-77) must be signed and submitted with your application.
- VERIFICATION OF PHARMACIST LICENSE IN ANOTHER STATE:** If you are licensed as a pharmacist in another state, you must request each state board or agency in which you are currently licensed or have ever been

licensed as a pharmacist to verify your license on form 17A-16. You only need to submit one form 17A-16 per state. If you have been licensed as a pharmacist for at least one year, you are not required to submit documentation of your intern hours (17A-29).

- **FINGERPRINTS:** All applicants are required to have their fingerprints processed via Live Scan if they reside in California. If you reside outside of California and are unable to visit California to do the Live Scan, then you must have your fingerprints processed on the Board of Pharmacy issued fingerprint cards. DO NOT complete the Live Scan or fingerprint cards until you are ready to submit your application. The board will only accept current fingerprint clearances from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Detailed instructions for completing your fingerprints submissions are located on page 5 of these instructions. Submit either A or B below with your application:
 - A. **Completed Live Scan receipt**, showing submission information.
 - OR
 - B. **Completed fingerprint cards** along with the additional \$51 for the fingerprint card processing fee. Submit the fingerprint card processing fee with the application fee when submitting your application to the board.

- **MAKE TEST ARRANGEMENTS:** Please follow the below instructions for each examination.
 - **NAPLEX:** Visit the National Association of Boards of Pharmacy (NABP) Web site at <http://www.nabp.net/> for information on how to register for the North American Pharmacist Licensure Examination (NAPLEX). Download the NAPLEX/MPJE Bulletin (see the NABP Web site). You must register on-line and remit the \$465 fee to the NABP. You may register with NABP simultaneously when submitted your pharmacist application to the board or after the board has determined you are eligible to take the pharmacist examinations. However, the NABP will not contact you until you have registered on-line and remitted the \$465 fee to the NABP. Once the board has determined you are eligible and you have paid your fee to the NABP, the NABP will mail you an Authorization to Test form (ATT). At this point, you will be able to schedule the location, date and time for your NAPLEX exam. Requirements and specifications for the NAPLEX are available in the NAPLEX/MPJE Bulletin. Additionally, there is a preNAPLEX test you may take as well to prepare you for the NAPLEX. If you have already taken and passed the NAPLEX, information on how to request a Score Transfer through NABP is on their Web site.

 - **CPJE:** You will not schedule to sit for this examination until the board has made you eligible. Please allow up to 14 days after you receive the board's notification that you are eligible for PSI to mail you a Candidate Handbook. The outside cover of the handbook is your "Notice of Eligibility." Use the information in this handbook to contact PSI. After you have paid PSI \$33, you will be able to schedule an appointment to take the CPJE. Again, the board encourages you to read this handbook carefully – it contains important information about the examination and procedures at the test site.

You are encouraged to read all information published about the NAPLEX and the CPJE. Failure to comply with the testing procedures may result in your examination not being graded and forfeiting of your application and/or testing fees.

EXAMINATION REQUIREMENTS

In order to be licensed in California as a pharmacist, you must pass the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). Before you can be scheduled for the CPJE and/or for the NAPLEX (if California will be your primary state), the board must determine that you are eligible to take the licensure examination(s). To make this determination, you must provide all the items listed above in the section entitled "What Makes an Application Complete".

Once the board has determined you have met the licensure requirements, the board will send you an "eligibility" letter. If your application is deficient, the board will send you a deficiency letter advising you of the documents needed to complete your application.

You will receive a Candidate Handbook within two weeks from the date of being made eligible to sit for the CPJE directly from the test administration provider Psychological Services, Inc. (PSI), advising you of how to schedule to sit for the CPJE.

If you have already applied with the National Association of Boards of Pharmacy (NABP) to take the NAPLEX with California as your primary state (see the NAPLEX Registration Bulletin), you will receive an "Authorization to Test" letter from NABP, which provides you with information on scheduling the NAPLEX. If you have not already applied to NABP, please apply once you receive the letter from the board indicating you are eligible to sit for the NABP and/or CPJE.

EXAMINATION OVERVIEW

The NAPLEX examination is developed by the NABP, and administered at testing centers throughout the U.S. Please refer to the NAPLEX Registration Bulletin for forms and application requirements for the NAPLEX examination (available at www.nabp.net). The cost of this examination is \$465. You must remit the \$465 examination fee at the time you register on-line with the NABP. DO NOT send this application or fee to the California State Board of Pharmacy.

- Note: You may take the NAPLEX only after you apply to one state and become eligible to take the pharmacist licensure examination according to that state's requirements. The state where you initially apply is called your primary state.
- If California is your primary state, you must submit all the required documents as outlined under the section entitled "What Makes an Application Complete". You may apply to take the NAPLEX when you first apply to the California State Board of Pharmacy to become eligible to take the examination or wait until you receive the letter from the board indicating you are eligible.
- If another state is your primary state, your NAPLEX score can be transferred to California if you designate California as a score transfer state before you take the NAPLEX. Contact the NABP for more information about this process.
- If you use NABP's score transfer program to provide a NAPLEX score to California, you will still need to apply to the California State Board of Pharmacy and fulfill all examination requirements before you will be scheduled for the CPJE, and before your score will be accessible to California.

The CPJE is administered by PSI. There is an administration fee of \$33 that you will pay directly to PSI for the test administration services before you will be scheduled for the CPJE. DO NOT send this fee to the Board of Pharmacy.

Periodically, the board performs quality assurance assessments to ensure the appropriateness of the CPJE. Such an assessment delays the release time of the CPJE results. If such an assessment is underway, information will be posted on the board's Web site at www.pharmacy.ca.gov informing applicants of the assessment and delay in results. The board makes every effort to complete the assessment as quickly as possible.

Please note:

- Both examinations are administered via computer.
- Testing centers for both examinations are available nationwide and in most cases are open six days a week, excluding holidays.
- You may take the exams in any order. You will have one year to take both exams from the date the board determines that you are eligible to schedule the examinations with each test provider. After one year, you will need to submit a new application and fee.
- Examination results for both exams will be mailed to you by the board. For the NAPLEX, you should receive your results 14 days after you take the exam, for the CPJE, you should receive your results within 30 days, unless the board is conducting a quality assurance assessment in which case the information would be posted on the board's Web site.
- The two examinations are separate. If you fail one exam and pass the other, you must reapply and take only the examination that you did not pass. If you fail the NAPLEX, you must reapply with the NABP and pay the necessary fees in order to retake the exam as well as submit a Retake Application with the board. No fee is required to apply to the board to retake the NAPLEX. If you fail the CPJE, you must reapply with the board and pay the required fee of \$200.
- If you do not pass either examination, you will need to submit a Retake Application. You will not be made eligible to sit for either examination until it has been 90 days from the date of your last examination. .
- To sit for the CPJE, your name on record with the board must IDENTICALLY both your U.S. social security card and U.S. government issued photo identification.

SPECIAL ACCOMMODATIONS

The California State Board of Pharmacy recognizes its responsibilities under Title II of the Americans with Disabilities Act to provide reasonable accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the board will not provide an accommodation which fundamentally alters the measurement of the knowledge or skills the examination is intended to test, compromises examination security, or creates an undue financial and administrative burden.

A candidate who seeks an accommodation has the responsibility to make the request to the board and to provide reasonable documentation of the need for accommodation at least 90 days before he or she can take the written examination. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent allowed by law. Information on this process is available from the board's Web site.

INCOMPLETE APPLICATIONS

You will be notified of any deficiencies in your application only once. It is your responsibility to correct all deficiencies. Failure to correct all deficiencies within one year from the date of notice will result in your application being deemed abandoned pursuant to Business and Professions Code section 142.

You will know that you have been deemed eligible to take the examination when you receive your "Notice of Eligibility" letter from the board.

If it has been more than 30 days since you have corrected all deficiencies in your application as identified in your deficiency letter AND you have not been notified that you are eligible to take the examinations, please contact the board via email at: intern-examstatus@dca.ca.gov.

FINGERPRINT SUBMISSION INSTRUCTIONS

The board requires the applicant to have his/her fingerprints submitted at the time a pharmacist application is submitted to the board regardless of any prior fingerprint submission for other applications with the board.

- A. **CALIFORNIA RESIDENT:** Complete a Live Scan Request form and take all 3 copies to a Live Scan site for fingerprint scanning. Please refer to the instructions for completing a "Request for Live Scan Service" form included in this application package. The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your prints have been scanned and all applicable fees have been paid. Attach the second copy of the form to your application and submit to the board.

Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice Web site at: <http://ag.ca.gov/fingerprints/publications/contact.pdf>

STEPS TO ENSURE YOUR LIVE SCAN FORM IS COMPLETED ACCURATELY BY THE LIVE SCAN OPERATOR

It is the applicant's responsibility to ensure that the information the Live Scan operator types into the computer system is correct before the Live Scan operator submits the transmission. Please verify the following information is correct:

- The Live Scan operator selects BOTH the **DOJ and FBI** prior to submitting the request. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07, if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.
- Verify on the Live Scan operator's computer that the below information has been typed correctly.
 - **Full Legal Name** is spelled correctly and matches your identification (Jr., II, etc must be included in the name). Your name must match your full legal name on your application.
 - **Date of Birth** is correct
 - **US Social Security Number** is entered and correct. This is required and must be entered.
 - **License type** needs to be entered as: Pharmacists-Sect 4050

The board has seen an increase in the number of Live Scan transmissions where the name, date of birth, or the US social security number has been entered incorrectly or does not IDENTICALLY match the applicant's identification and the full legal name on the application. If such information is entered incorrectly, the applicant will be required to redo the Live Scan process again. This is usually at the expense of the applicant. This will result in a delay in processing your application.

- B. **NON-CALIFORNIA RESIDENTS:** If you reside outside California, you must submit rolled fingerprints with your application on Board of Pharmacy fingerprint cards along with a fingerprint card processing fee of \$51 made payable to the Board of Pharmacy (\$32 DOJ fee and \$19 FBI fee). You may contact the board to request the fingerprint cards at (916) 574-7900 or email your request to rxforms@dca.ca.gov.

Fingerprints submitted on the fingerprint cards must be taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take longer than the Live Scan process, by approximately six weeks. Poor quality prints may result in rejection of the card and will substantially delay licensing since additional fingerprint cards will be required from you for processing.



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APPLICATION FOR PHARMACIST EXAMINATION AND LICENSURE

Your full legal name on file with the board must match IDENTICALLY with both your U.S. government issued photo identification and U.S. issued social security card for admission to the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). If your identifications do not match, you will need to correct your identifications so that the names match identically. Your original U.S. government issued photo identification and U.S. issued social security card are required for admission at the CPJE examination site. All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being considered incomplete. Pages 1, 2, and 3 of the application must be completed and signed by the applicant.

Applicant Information - Please Type or Print

| | | |
|---|-----------------------|-----------------------------|
| Full Legal Name: Last Name: | First Name: | Middle Name: |
| Previous Names (AKA, Maiden Name, Alias, etc): | | |
| *Official Mailing/Public Address of Record (Street Address, PO Box #, etc): | | |
| City: | State: | Zip Code: |
| Residence Address (if different from above): | | |
| City: | State: | Zip Code: |
| Hm#: () | Cell#: () | Wk#: () |
| Email Address: | | |
| Date of Birth (Month/Day/Year): | **Social Security No: | Driver's License No: State: |

Pharmacist Education

| Name(s) of University, College, or School of Pharmacy | Country | Date of Graduation | Degree |
|---|---------|--------------------|--------|
| | | | |
| | | | |

TAPE A COLOR PASSPORT
 STYLE 2"X2" PHOTO TAKEN
 WITHIN
 60 DAYS OF THE FILING OF
 THIS APPLICATION

**NO POLAROID
 OR
 SCANNED IMAGES**

PHOTO MUST BE ON PHOTO
 QUALITY PAPER

List all state(s) where you have been or are currently licensed as a pharmacist

| State | Registration Number | Active or Inactive | Issued Date | Expiration Date |
|-------|---------------------|--------------------|-------------|-----------------|
| | | | | |
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THIS SECTION IS FOR BOARD USE ONLY

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|--------------------------------------|------------------------------------|--------------------------------------|--------|------|------------------------|--|
| Photo: <input type="checkbox"/> | FP Cards: <input type="checkbox"/> | Exam History | | | CASHIERING ONLY | |
| Security: <input type="checkbox"/> | FP Fees: <input type="checkbox"/> | Date | NAPLEX | CPJE | APPLICATION FEE | |
| Enf Check <input type="checkbox"/> | DOJ Clear Date: _____ | | | | Receipt No. | |
| App Fee <input type="checkbox"/> | FBI Clear Date: _____ | | | | Date Received | |
| Transcript: <input type="checkbox"/> | FG <input type="checkbox"/> | | | | Amount | |
| School Code : ____ | TSE <input type="checkbox"/> | | | | LICENSE FEE | |
| Intern Hrs _____ | C/I: <input type="checkbox"/> | Requalified <input type="checkbox"/> | _____ | | Receipt No | |
| | | School | _____ | | Date Received | |
| LICENSURE VERIFY | | | | | Amount | |
| | | | | | License No | |
| | | | | | Date Issued | |

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS (Attach additional sheet of paper if necessary)

| 1. Have you ever taken the California pharmacist licensure exam before January 1, 2004 (when it was a multiple-choice and short answer/essay exam)? If "yes," provide all exam date(s). _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
|--|--|-----------------|---|---|--|--|--|--|--|--|--|--|--|
| 2. Have you taken the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) before? If "yes," provide all dates. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 3. Have you passed the CPJE? If "yes," provide the exam date. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 4. Have you taken the North American Pharmacist Licensure Examination (NAPLEX) after January 1, 2004? If "yes," provide all dates. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 5. Have you passed the NAPLEX after January 1, 2004? If "yes," provide the exam date. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 6. Have you ever applied for and not taken the CPJE and/or NAPLEX? If "yes," provide exam date(s). _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 7. Are you a registered intern pharmacist in California? If "yes," provide California intern number. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 8. Are you a registered pharmacy technician in California? If "yes," provide pharmacy technician registration number. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 9. Have you ever been registered as a pharmacist in California? If "yes," provide California pharmacist license number. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 10. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state? If "yes," provide the date and state. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 11. Have you previously taken a pharmacist exam which was not graded or had exam results withheld on grounds of dishonest conduct during an examination in this state or any other state? If "yes," provide the date and state. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 12. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health or safety risks? If "yes," attach a statement of explanation. If "no," proceed to #13. Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> If "yes," attach a statement of explanation. If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted licensure should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 13. Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances? If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> Attach a statement of explanation. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 14. Has disciplinary action ever been taken against your pharmacist license, intern permit or technician registration in this state or any other state? If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 15. Have you ever had an application for a pharmacist license, intern permit or technician registration denied in this state or any other state? If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 16. Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied or disciplined by a government authority in this state or any other state? If "yes," provide the name of company, type of permit, type of action, year of action and state. _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 17. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator or medical director on a permit to conduct a pharmacy, wholesaler, medical device retailer or any other entity licensed in this state or any other state? If yes, provide company name, type of permit, permit number and state where licensed. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 18. Have you ever been convicted of any crime in any state, the USA and its territories, military court or foreign country? Check the box next to "YES" if, you have ever been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to sections 1000 or 1203.4 of the Penal Code. Check the box next to "NO" if you have not been convicted of a crime. You may wish to provide the following information in order to assist in the process of your application: 1) certified copies of the arresting agency report; 2) certified copies of the court documents; 3) and a descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident.) If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Arrest Date</th> <th style="width:15%;">Conviction Date</th> <th style="width:30%;">Violation(s)</th> <th style="width:40%;">Court of Jurisdiction (Full Name and Address)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Arrest Date | Conviction Date | Violation(s) | Court of Jurisdiction (Full Name and Address) | | | | | | | | | |
| Arrest Date | Conviction Date | Violation(s) | Court of Jurisdiction (Full Name and Address) | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

APPLICANT AFFIDAVIT

You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.

Collection and Use of Personal Information. The California State Board of Pharmacy of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4200 and 4209 and Title 16 California Code of Regulations Section 1719-1720.1 and 1728. The California State Board of Pharmacy uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The California State Board of Pharmacy cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the California State Board of Pharmacy that contain your personal information, as permitted by the Information Practices Act. The official responsible for maintaining records is the Executive Officer at the board's address listed on the application. Each individual has the right to review the files or records maintained by the board, unless confidential and exempt by Civil Code Section 1798.40.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

*Once you are licensed with the board, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code Section 6250 et seq.) and will be placed on the Internet. This is where the board will mail all correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the board, in which case your residence will not be available to the public.

** Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, Section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

MANDATORY REPORTER

Under California law, each person licensed by the Board of Pharmacy is a "mandated reporter" for both child and elder abuse or neglect purposes.

California Penal Code Section 11166 and Welfare and Institutions Code Section 15630 require that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 and Welfare and Institutions Code Section 15630(b)(1) [generally law enforcement, state, and/or county adult protective services agencies, etc.] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect. The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency(ies) or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164 and Welfare and Institutions Code Section 15630, and subsequent sections.

| APPLICANT AFFIDAVIT (must be signed and dated by the applicant) | |
|--|---------------|
| I, _____, hereby attest to the fact that I am the applicant whose signature appears (Print full name) | |
| below. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I have read the instructions attached to this application. | |
| _____ Signature of Applicant | _____ Date |



California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

EXAMINATION SECURITY ACKNOWLEDGEMENT

The California State Board of Pharmacy is committed to maintaining the security and the confidentiality of all examination materials during every phase of development and administration. The board strictly enforces examination security and will prosecute any individual who has been determined to be in violation of statutes pertaining to examination security.

There are a number of laws and regulations that provide for the security of the state's occupational exams and exam processes, such as the board's licensure exams. These include Business and Professions Code sections 123, 496 and 584, as well as Civil Code section 980 and California Code of Regulation section 1723.1.

For example, it is a misdemeanor for anyone to compromise or attempt to compromise a licensing examination. Persons convicted of this crime are personally liable for up to \$10,000 in damages and the costs of litigation, in addition to other penalties. The board may also deny or revoke a license on grounds that the applicant has compromised or attempted to compromise a licensing examination.

Examples of compromising a licensing examination include removing examination materials from a test site without authorization; aiding by any means the reproduction of any portion of the actual examination; paying or using professional or paid examination takers to reconstruct any portion of the examination; and selling, distributing, buying, receiving or having unauthorized possession of any portion of a future, current or previously administered licensing examination. For example, an individual who memorizes a test item with or without intent to provide this information to the provider of a review course is compromising the exam.

California law provides that no person shall violate the security of a licensing examination. Examples include impersonating someone, attempting to impersonate someone, or soliciting the impersonation of someone. Using notes and looking at another candidate's examination materials are two examples of dishonest conduct. Any form of dishonest conduct or cheating, including using prohibited aids, giving or receiving assistance, or communicating with others, may result in the voiding of your examination results and/or dismissal from the examination site.

Failure to follow the instructions of the testing center administrators, whether or not dishonest conduct or cheating is involved, may also result in the disqualification of your examination results and/or dismissal from the examination site.

The test site administrators reserve the right to videotape any examination session.

By signing this acknowledgement, you are affirming that you fully understand the foregoing. A violation of these laws may result in your disqualification as a candidate and could result in an administrative action and/or denial of a pharmacist or intern pharmacist license by the board, plus other penalties.

I hereby acknowledge that I have read the above statement.

Name of Candidate Printed

Signature of Candidate

Date



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**AFFIDAVIT OF INTERN EXPERIENCE
OBTAINED IN COMMUNITY AND INSTITUTIONAL PHARMACY SETTINGS**

I certify under penalty of perjury under the laws of the state of California that I have complied with California Code of Regulations section 1728 with respect to my intern experience. Specifically, I have completed experience in both community and institutional pharmacy settings.

Name of Applicant Printed

Signature of Applicant

Date



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Pharmacy Intern Hours Affidavit

Completed by the Supervising Pharmacist or Pharmacist-in-Charge

Prior to receiving authorization from the board to take the pharmacist licensure examination required by section 4200 of the Business and Professions Code, applicants shall submit to the California State Board of Pharmacy satisfactory evidence of obtaining 1,500 hours or more of pharmacist intern experience when he or she submits the pharmacist application. Original affidavits are required. Photocopies or faxes will not be accepted. Any pharmacist alterations or changes must be initialed by the supervising pharmacist or pharmacist-in-charge. All dates must include the month, day, and year in order for the form to be accepted (present or current will not be accepted).

TO BE COMPLETED BY APPLICANT: (Please print or type)

| | | | |
|--------------------|-------------------|-------------|-----------------|
| Name of Applicant: | Intern Number | Date Issued | Expiration Date |
| Residence Address: | Number and Street | City | State Zip Code |

TO BE COMPLETED BY THE SUPERVISING PHARMACIST OR PHARMACIST-IN-CHARGE

| | |
|--|--|
| Name of Pharmacy | Pharmacy License Number |
| Address of Pharmacy | Number and Street City State Zip Code |
| Name of Supervising Pharmacist or Pharmacist-in-charge | Pharmacist License Number State Licensed |

This is to certify that _____ was employed or volunteered as an intern pharmacist under the supervision of a licensed pharmacist during the time set forth as follows:

From: ____/____/____ to ____/____/____
(month/day/year) (month/day/year)

A total of 1,500 intern hours is required but does not have to be obtained in one pharmacy location. Please indicate below the number of hours the intern obtained while under your supervision.

_____ Number of hours obtained in a pharmacy

_____ Number of hours obtained in experience substantially related to the practice of pharmacy
 NOTE: A maximum of 600 hours may be granted at the discretion of the board.

I certify under penalty of perjury under the laws of the State of California that all statements given herein are true, and that to the best of my knowledge the experience thus gained by this applicant meets the pharmacy practice experience obtained in a pharmacy as required by law. I further certify that my license is not revoked, suspended, or on probation in any state in which I am now or have been registered.

 Pharmacist's Signature Date
 17A-29 (1.11)



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VERIFICATION OF LICENSE IN ANOTHER STATE

This form must be completed by the licensing authority in each state you hold or held a pharmacist license even if the license is no longer current or active. Please return the state-verified form with your application. Photocopies or faxes will not be accepted.

If you have been licensed in another state as a pharmacist for at least one year, you are only required to have this form completed. You do not need to submit the Pharmacy Intern Hours Affidavit (17A-29A) form verifying 1,500 intern hours.

If you have not been licensed in another state as a pharmacist for at least one year, this form along with the Pharmacy Intern Hours Affidavit (17A-29) form verifying 1,500 intern hours will need to be completed and submitted with your pharmacist application.

TO BE COMPLETED BY APPLICANT (Please print or type)

| | | | | |
|--------------------|-------------------|--------------|-------------------|----------|
| Name of Applicant: | | | Telephone Number: | |
| Residence Address: | Number and Street | City | State | Zip Code |
| Type of License: | License Number: | Date Issued: | Expiration Date: | |

The person listed above has applied for a pharmacist license in California. Before further consideration is given to this application, the California State Board of Pharmacy would appreciate your assistance in completing the information requested below. Upon completion of this form, please return it to the applicant for submission with the application.

TO BE COMPLETED BY THE STATE BOARD OR AGENCY VERIFYING LICENSURE

| | | | |
|---|-------------------------|--|------------------|
| Licensee's Full Name: | | Licensure Verification Provided by the State of: | |
| License Number: | Type of License Issued: | Date License Issued : | Expiration Date: |
| License Status (please check one box): | | | |
| Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain: _____ | | | |
| Has the licensee been found guilty of any violation for which disciplinary action was taken? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If disciplinary action has been taken against this licensee, please provide this office with all available documentation regarding the action. | | | |

Signature

Board Seal

Title

Date

**INSTRUCTIONS FOR COMPLETING A
"REQUEST FOR LIVE SCAN SERVICE" FORM
(California Residents)**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

NOTE TO APPLICANT and LIVE SCAN OPERATOR: The applicant's name, date of birth, and US social security number must be entered in at the time of the Live Scan transmission in order for the results to be accepted by the Board of Pharmacy. If any of the required information indicated below is not entered at the time of Live Scan transmission, the applicant may be required to have a new Live Scan transmission completed.

REQUIRED INFORMATION

- **Type of License/Certification/Permit OR Working Title:** It is important that you print out the Live Scan form that goes with your application, as this information is already entered on the form for you. It is important that the Live Scan operator types in this information exactly into their system or at least the numeric section.
- **Name:** Enter your last name, first name and middle name. Do not use initials or name abbreviations. Your legal name must be on file with the board. If your name has changed you are required to notify the board within 30 days of the change.
- **Other Name (AKA):** Enter all other names you have used, including your maiden name.
- **Date of Birth:** (month/day/year).
- **SEX:** Mark the appropriate gender box (male or female)
- **Driver's License Number:** California Driver's License Number.
- **Height:** Your height in feet and inches.
- **Weight:** Your weight in pounds.
- **Eye Color:** Color of your eyes
- **Hair Color:** Color of your hair
- **Place of Birth:** Enter your place of birth
- **Social Security Number:** Enter your US Social Security Number
- **Misc. Number:** Other identification number
- **Home Address:** Your residence address
- **Level of Service:** While the Live Scan forms contained in the board's application package are pre-slugged to indicate level of service at the DOJ and FBI level, please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07; if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.

Take the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <http://ag.ca.gov/fingerprints/publications/contact.htm> or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$19, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name
(AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed