



CLINIC LICENSE APPLICATION INSTRUCTIONS

The Board is authorized to issue clinic licenses as specified in sections 4180 and 4190 of the Business and Professions Code.

IMPORTANT: Follow these instructions completely. A checklist is provided with these instructions. The Board encourages the use of the checklist to assist with the application process. If the number of forms included in this application is insufficient, print additional copies. Allow approximately 45 days from the date your application is received by the Board before checking on the status. The contact person(s) designated on the application will be advised if additional information is necessary. Incomplete or redacted copies of supporting documents will not be accepted.

California Business and Professions Code (BPC) section 4035 defines “person” to include, but is not limited to, firm, association, partnership, corporation, limited liability company, state governmental agency, trust, or political subdivision.

Wherever the term “person” is used in these instructions, the Clinic License Application, or any affidavit submitted in support of a Clinic License Application, such term shall mean “person” as defined in BPC section 4035.

BPC section 4201(a) states: “If the applicant is other than a natural person, the application shall state the information as to each person beneficially interested therein or any person with management or control over the license.”

BPC section 4201(b) states that the term “person beneficially interested” means and includes:

- If the applicant is a partnership or other unincorporated association, each partner or member.
- If the applicant is a corporation, each of its officers, directors, and stockholders, provided that a natural person shall not be deemed to be beneficially interested in a nonprofit corporation.
- If the applicant is a limited liability company, each officer, manager, or member.

The application shall provide information to identify the ownership of the applicant business. The Board may require additional documentation to confirm or substantiate any information provided in the application, including, without limitation, the reported ownership structure.

SIGNATURES: Any time a signature is required, it must be an original dated signature or a digital signature that complies with the [Board’s Digital Signatures Policy Statement](#) located on the Board’s website. All documents with digital signatures shall be emailed to the Board.

WHEN SUBMITTING DOCUMENTS TO THE BOARD, KEEP A COPY FOR YOUR RECORDS.

CHECKLIST FOR FILING A CLINIC APPLICATION

SECTION A. FEE(S): ALL APPLICANTS

APPLICATION FEE: \$620

Include a check or money order made payable to the California State Board of Pharmacy. This fee is nonrefundable.

FINGERPRINT CARD FEE(S): \$49 per natural person, if applicable

Reference Section D for the fingerprint requirements. If submitting fingerprint card fee(s) for natural person(s) listed on the application, include the fingerprint card fee for each natural person with the application fee or submit a separate check for the fingerprint card fee(s) made payable to the California State Board of Pharmacy.

SECTION B. CLINIC LICENSE APPLICATION (17A-42): ALL APPLICANTS

ITEMS LISTED IN THIS SECTION ARE REQUIRED TO BE SUBMITTED WITH EACH CLINIC LICENSE APPLICATION

- CLINIC LICENSE APPLICATION** (17A-42 rev. 4/2025): Complete the entire application and submit with original signatures or email with digital signatures that meet the [Board's Digital Signatures Policy Statement](#). If an item or question is not applicable, indicate N/A. If the application is submitted via email with digital signatures, send the application fee(s) by mail accompanied by a printout of page 1 of the completed application, so that the Board can associate the fee(s) with the correct application. **An application will not be reviewed until both the application and the appropriate fee(s) have been received.** Some references to the California Business and Professions Code (BPC) are included.

The following items numbered below correspond to the numbered sections on the Clinic License Application (17A-42).

1. Applicant Information:

- **Item 1A:** If using a fictitious business name, list the Doing Business As (DBA) name in item 1A of the application and submit a copy of the Fictitious Business Name Statement certified by the Office of the County Clerk in the county in which filed. (Not required if applicant name matches on the CDPH license.)
- **Item 1A:** Include a room/suite number of the clinic in the address, if applicable.
- **Item 1B:** List the legal entity/business name in item 1B.

2. Type of Clinic: Identify in A or B the type of clinic for which it the clinic qualifies for a license.

- A. Business and Professions Code section 4180:** The Board is authorized to issue clinic licenses pursuant to section 4180. A clinic applying under section 4180 of the Business and Professions Code must comply with the requirements as defined in Chapter 9, Division 2, Article 13. Mark the appropriate box on the application and provide the supporting documentation as instruction below.

- **Department of Public Health (CDPH) License:** Submit a copy of the clinic’s CDPH license or a statement on company letterhead citing the Health and Safety Code exception. The CDPH license must be current and contain the same name and address listed on the clinic application.
- **Types of Clinics under this section:** No clinic shall be entitled to the benefits of this section until it has obtained a license from the board. A separate license shall be required for each clinic location. Any of the following clinics may purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at the clinic:
 - (A) A licensed nonprofit community clinic or free clinic as defined in paragraph (1) of subdivision (a) of Section 1204 of the Health and Safety Code.
 - (B) A primary care clinic owned or operated by a county as referred to in subdivision (b) of Section 1206 of the Health and Safety Code.
 - (C) A clinic operated by a federally recognized Indian tribe or tribal organization as referred to in subdivision (c) of Section 1206 of the Health and Safety Code.
 - (D) A clinic operated by a primary care community or free clinic, operated on separate premises from a licensed clinic, and that is open no more than the number of hours per week as referred to in subdivision (h) of Section 1206 of the Health and Safety Code.
 - (E) A student health center clinic operated by a public institution of higher education as referred to in subdivision (j) of Section 1206 of the Health and Safety Code.
 - (F) A nonprofit multispecialty clinic as referred to in subdivision (l) of Section 1206 of the Health and Safety Code.

B. Business and Professions Code section 4190: The Board is authorized to issue clinic licenses pursuant to section 4190 of the Business and Professions Code. A clinic applying under section 4190 of the Business and Professions Code must comply with Chapter 9, Division 2, Article 14. Mark the appropriate box and provide the supporting documentation as instruction in Section C of the instructions.

- **Surgical Clinic-**A surgical clinic licensed pursuant to paragraph (1) of subdivision (b) of Section 1204 of the Health and Safety Code.
 - Submit a copy of the clinic’s CDPH license. The CDPH license must be current and contain the same name and address listed on the clinic application. California Department of Public Health (CDPH) definition of a surgical clinic. “A State license is required to operate a surgical clinic in California. A surgical clinic means “a clinic that is not part of a hospital and that provides ambulatory surgical care for patients who remain less than 24 hours. A surgical clinic does not include any place or establishment owned or leased and operated as a clinic or office by one or more physicians or dentists in individual or group practice, regardless of the name used publicly to identify the place or establishment, provided, however, that physicians or dentists may, at their option, apply for licensure,” pursuant to Health and Safety Code (HSC) section 1204(b)(1).”
- **Accredited Outpatient Setting-** An outpatient setting accredited by an accreditation agency, as defined in Section 1248 of the Health and Safety Code.
 - Submit a copy of the accreditation certificate or a copy of the accreditation approval by an accreditation agency approved by the Medical Board of California. The accreditation certificate or approval letter must list the name and address of the clinic.
- **Ambulatory Surgical Center-**An ambulatory surgical center certified to participate in the Medicare Program under Title XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.)

- Submit a current copy of the certification to participate in the Medicare Program or a copy of the approval letter from Medicare verifying the clinic is Medicare approved. The certificate or approval letter must list the name and address of the clinic.

- 3. Type of Application:** Identify the type of application and include the anticipated opening, change of ownership, or move date, as applicable.
- 4. Type of Ownership:** Identify the ownership type of the business entity listed in item 1B. Include a business ownership organizational structure/chart that clearly documents the applicant's ownership structure. Include in each level of ownership (1) the corresponding percentage of ownership held by all persons and (2) any person(s) with management or control. If submitting a change of ownership application, include **both** the pre- and post-closing organizational structures.
- 5. Contact Person:** The individuals listed in this section will be authorized for the Board to correspond and communicate with regarding the application.
 - List in 5A the individual who is the authorized contact person.
 - List in 5B an owner/officer of the applicant identified in Section 8 and/or 9 of the application.
 - **Change of Ownership Only:** Identify in 5C if the Board is authorized to communicate the status of the application with the current owner on record.

Note: If additional individuals need to be included in the Board's correspondence, submit a completed Authorization to Release Applicant Information form (see page 8 of the application) signed by an owner/officer of the applicant identified in Section 8 and/or 9 of the application.

- 6. Change of Ownership or Location:** If applicable, provide the current licensee information that will be changing ownership or location.

NOTE: A clinic license is nontransferable from one owner or location to another. Any transfer of a beneficial interest in a business entity licensed by the Board, in a single transaction or in a series of transactions, to any person, which transfer results in the transferee's holding 50% or more of the beneficial interest in that license, constitutes a change of ownership. Change of ownership/change of location applicants must apply to the Board prior to the proposed change of ownership transaction/change of location taking place. If the change of ownership and/or change of location application is approved by the Board, a new license number will be issued. Utilizing the clinic license prior to a new license being issued is unlicensed activity and may result in denial or disciplinary action by the Board.

Change Of Ownership Documentation: Submit the following with the Clinic License Application:

- **Organizational Chart:** Include **both** the pre- and post-closing organizational structure charts.
- **Seller's Certification (17A-8):** The Seller's Certification must be signed by an owner/officer listed on the current license.
- **Proposed Purchase/Asset Agreement:** Provide an unredacted copy of the complete, proposed purchase/asset agreement signed by all parties.
- **Closing Documents:** If the change of ownership application is approved by the Board, prior to the issuance of the new pharmacy license, the applicant will receive a request for a copy of the final sale/closing documentation referenced in the executed purchase agreement and will be required to submit documentation that the transaction has closed.

Change of Location: All required documents outlined in these instructions are required for a change of location.

7. **List the Professional Director, Administrator, and Consulting Pharmacist of the Clinic:** Identify the professional director, the administrator, and the consulting pharmacist.
 - A. **Personal Background Affidavit (17A-37):** The professional director and administrator is required to complete and submit this form and comply with the fingerprint requirements as specified in Section D of the instructions.
 - B. **Sign and Date the Application:** The professional director, administrator and consulting pharmacist are required to sign and date as specified on the application with an original wet signature or comply with the Board's Digital Signature Policy.

8. **Officer(s)/Director(s)/Manager(s)/Trustee(s)/Administrator(s) etc.:** Report in **Section 8** the name(s) and **ALL** title(s) if serving in more than one capacity of the officer(s), director(s), manager(s), trustee(s), and administrator(s) in the case of government-owned applicants of, and any other person(s) with fiduciary AND/OR management responsibility for the applicant named in item 1B, e.g. General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed below have beneficial interest in addition to fiduciary AND/OR management responsibility they will be listed in both Sections 8 and 9 of the application.)
 - **Personal Background Affidavit (17A-37):** Each natural person listed in Section 8 is required to complete and submit this form and comply with the fingerprint requirements provided in Section D.
 - **Business Background Affidavit (17A-18):** Complete a Business Background Affidavit form for each person (entity only), – e.g. General Partner with management and control and submit the required supporting business documents as referenced in **Section C** of these instructions.

Guidance list of individuals to be reported based on applicant's ownership type:

- **Individual Owner:** Natural Person Owner.
- **Partnership:** All natural persons and/or entity(ies) listed in the partnership agreement.
- **Corporation (including nonprofit corporations):**
 - All officers including the required officers as set forth in the corporate bylaws/governing documents.
 - If the officer(s) exceed five, list the Top five on the application provide a list identifying all officer(s) of the corporation.
- **Limited Liability Company:** Each natural person(s) identified as a manager and any officer(s) if appointed by the member/manager pursuant to the applicant's operating agreement/limited liability company agreement.
- **Trust:** All individuals identified as the grantor(s), settlor(s), trustee(s), and/or trust protector(s) of the trust.
- **Government Owned:** The director or individual who oversees the clinic operations.
- **Native American Owned:** Members of the Tribal Council and the administrator/CEO.

9. Applicant Ownership Information: (Not required for government, Native American or Non-Tribal owned.)

Report in **Section 9** all persons (natural person(s) and/or entity(ies)) with an ownership/beneficial interest in the applicant named in **Item 1B** of the application. (i.e. shareholder(s), member(s), partner(s), etc.) This includes identification of the beneficiary(ies) of a trust. List the five person(s) with the largest percentages of interest in the ownership in the applicant named in item 1B of this application.

- If the applicant named in Item 1B of the application is a partnership or other unincorporated association, a limited liability company, or a corporation, report on the application the five partners, members, and/or stockholders who own the five largest interests in the applicant.
- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other persons beneficially interested.

NOTE: The information provided shall account for 100-percent of the ownership interests in the person listed in Item 1B of the application. Upon request by the Board, the applicant shall furnish the Board with additional information as to all “person(s)” not listed in Section 9 of the application or shall refer the Board to an appropriate source of that information.

Submit the following in support of the application.

- A. Personal Background Affidavit (17A-37):** Each natural person listed in Section 9 of the application is required to complete and submit this form and comply with the fingerprint requirements, if not listed in Section 8.
- B. Business Background Affidavit (17A-18):** Complete a Business Background Affidavit form for the parent owner(s) (entity(ies) only) of the applicant (*i.e.*, all direct and indirect owners with 10 percent or more beneficial interest).
 - **Supporting Ownership Documents:** Reference **Section C** of these instructions below for the required supporting documents to be included with the Business Background Affidavit form for the parent ownership in the applicant named in Item 1B of the application.

10. Disciplinary Questions: Answer all questions in **Section 10** and, if applicable, provide the requested information to all questions answered Yes.

11. Applicant Advisements and Affidavit: Must be signed as instructed in A or B.

- A. All natural person(s) listed in Section 8 and/or 9 of the application must sign.

OR

- B. If the applicant is other than a natural person (*i.e.*, if the applicant is a legal entity such as a corporation, partnership, LLC, government entity, etc.), the application must be signed by one or more individual(s) listed in Section 8 who have been duly authorized by a formal resolution or consent of the entity to execute and submit the application on behalf of the entity.

NOTE: A copy of the formal, signed resolution or consent **MUST** be included with this application or all natural person(s) must sign as specified in A above.

ADDITIONAL DOCUMENTATION TO BE SUBMITTED IN SUPPORT OF THE CLINIC LICENSE APPLICATION 17A-42.

- Business Ownership Organizational Structure/Chart:** Include a business ownership organizational structure/chart that clearly documents the applicant’s ownership structure. Include in each level of ownership (1) the corresponding percentage of ownership held by all persons and (2) any person(s) with

management or control. If submitting a change of ownership application, include **both** the pre- and post-closing organizational structures.

- Supporting Ownership Documents:** Reference **Section C** below for the required supporting documents to be included with the application for the applicant listed in **Item 1B** of the application.

SECTION C. SUPPORTING BUSINESS DOCUMENTS/REPORTING REQUIREMENTS

APPLICANT NAMED IN SECTION 1B | Submit a copy of the current California Secretary of State Filings (C2, C3, C4, C5 and C6): If the applicant named in **Section 1B** of the application is a corporation, limited liability company or limited partnership incorporated, registered, formed or organized outside of California, submit the following in addition to all other supporting documents. For more information, go to http://www.sos.ca.gov/business/corp/pdf/so/corp_so350.pdf.

- Statement of Information:** Submit a copy of the current Statement of Information bearing the California Secretary of State's stamp (proof of filing) that discloses the current officers on file for the entity.
- Registration:** Submit a copy of the Registration – Out-of-State LLC, or Registration – Out-of-State LP, or Registration – Out-of-State Corporation bearing the California Secretary of State's stamp (proof of filing).

C1 INDIVIDUALLY OWNED

- Business License** Submit a copy of the approved city or county business license filing.
- Lease or Grant Deed:** Submit a copy, if requested.
- Operational Business Plan:** Submit a copy of the clinic's operational business plan, or equivalent document.

C2 LIMITED PARTNERSHIP

- Certificate of Limited Partnership:** Submit a copy of the Certificate of Limited Partnership or like registration and any amendments thereto, filed with the Secretary of State bearing the Secretary of State's stamp (proof of filing) in the state where registered.
- Filing / Officers:** Submit a copy of the current filing with the Secretary of State where registered (showing proof of filing) that discloses the current officers on file for the entity.
- Evidence of Good Standing:** If the limited partnership is formed outside of California, provide a Certificate of Good Standing from the Secretary of State where registered.
- Partnership Agreement:** Provide a complete, unredacted copy of the executed partnership agreement and any amendments thereto, with all exhibits and attachments referenced therein.
- Identify Natural Person(s)** with management and control of the partnership, as outlined in the partnership agreement and any limited partner with beneficial interest in the partnership on the license application.

C3 CORPORATION (NOT PUBLICLY TRADED)

- Articles of Incorporation:** Submit a copy of the Articles of Incorporation and any amendments thereto, filed with the Secretary of State where incorporated bearing the Secretary of State's stamp (proof of filing).
- Filing / Officers:** Submit a copy of the current filing with the Secretary of State where incorporated (showing proof of filing) that discloses the current officers on file for the entity.
- Evidence of Good Standing:** If incorporated outside of California, provide a Certificate of Good Standing from the Secretary of State where incorporated.

- Bylaws:** Provide a complete, unredacted copy of the corporate bylaws and any amendments thereto, with all exhibits, schedules and attachments referenced therein.
- Stock Ledger and Stock Certificates:** Provide a copy of the stock ledger and copies of each stock certificate, front and back (this includes cancelled stock certificates). If stock certificates are not issued, provide a statement that states as such signed by an officer listed on the application.
- Identify Natural Person(s)** with management and control of the corporation on the license application.

C4 NON-PROFIT CORPORATION

- Articles of Incorporation:** Submit a copy of the Articles of Incorporation and any amendments thereto, filed with the Secretary of State where incorporated bearing the Secretary of State's stamp (proof of filing).
- Filing / Officers:** Submit a copy of the current filing with the Secretary of State where incorporated (showing proof of filing) that discloses the current officers on file for the entity.
- Evidence of Good Standing:** If incorporated outside of California, provide a Certificate of Good Standing from the Secretary of State where incorporated.
- Bylaws:** Provide a complete, unredacted copy of the corporate bylaws and any amendments thereto, with all exhibits, schedules and attachments referenced therein.
- Tax-Exempt Status:** Provide evidence of tax-exempt status, such as IRS letter.
- Identify Natural Person(s)** with management and control of the corporation on the license application.

C5 PUBLICLY TRADED CORPORATION

- 10K Filing:** Include a copy of the top sheet of the last 10K filed with the US Securities and Exchange Commission that identifies the CIK filing number, and submit copies of any item, exhibit or schedule that lists the executive officers, directors, subsidiaries, Bylaws and Articles of Incorporation.
- Submit a list** of the five largest shareholders that own ten percent or more of stock. If no shareholder holds ten percent or more of stock, provide a statement signed and dated by an authorized officer of the corporation on the license application.

C6 LIMITED LIABILITY COMPANY

- Articles of Organization:** Submit a copy of the Certificate of Formation or Registration or Articles of Organization, and any amendments thereto, filed with the Secretary of State where organized, formed or registered bearing the Secretary of State's stamp (proof of filing).
- Filing / Officers:** Submit a copy of the current filing with the Secretary of State where organized, formed or registered (showing proof of filing) that discloses the current officers on file for the entity.
- Evidence of Good Standing:** If registered, formed or organized outside of California, provide a Certificate of Good Standing from the Secretary of State where registered, formed or organized.
- Operating Agreement:** Provide a current **unredacted** copy of the current operating agreement/limited liability company agreement, including **all** exhibits and/or schedules.
- Identify** all members **and** manager(s), **and** any officers if appointed by the member/manager pursuant to the operating agreement/limited liability company agreement on the license application.

- C7 TRUST – Required documents per California Code of Regulations, title 16, section 1709(d).**
- Trust Document:** Provide a complete unredacted copy of, and any amendments to, the trust document. A trust document and any related amendments shall be considered confidential financial documents by the Board.
 - A list of the beneficiary(ies)** age 18 or older, including name, address, phone number, and email address. Where the beneficiary is under age 18, the guardian of the beneficiary(ies) shall be identified.
 - Identify Natural Person(s)** listed as the grantor(s), settlor(s), trustee(s), and/or trust protector(s) of the trust with their name, address, phone number, and any email address on the license application and/or respective affidavit.
- C8 GOVERNMENT OWNED (CITY, STATE, AND COUNTY)**
- Letter of Verification:** Submit a letter of verification on letterhead from the county public health department, health district, the board of supervisors, or director indicating that the facility is government owned.
 - Organizational Structure:** Provide an organizational chart that clearly identifies the director and administrator responsible for the operations of the clinic within the government agency.
- C10 NATIVE AMERICAN**
- Copies of official documents** from the U.S. Department of Interior, Bureau of Indian Affairs, identifying the official tribe.
 - Provide a copy** of the constitution and bylaws establishing the tribal council that will be the governing entity of the clinic.
 - Provide a List of** the members of the Tribal council and the administrator/CEO on the application.
- C11 NON-NATIVE AMERICAN OWNED OPERATING ON TRIBAL LANDS**
- Official Business Documents:** A copy of the business documents filed with the Native American tribe. (Reference the type of business entity in **Section C** for the business documents to provide.)
 - Statement of Information/Verification:** Provide a letter endorsed by the Native American Tribe.
 - Copies of official documents** from the U.S. Department of Interior, Bureau of Indian Affairs, identifying the official tribe.
 - Provide a copy** of the constitution and bylaws of the tribal council that will be the governing entity of the clinic.
 - Submit documents** describing the agreement(s) with the Native American tribal council to operate the clinic on tribal land.
 - List the appropriate Natural Person(s)** with management and control of the clinic business on the application.

SECTION D. FINGERPRINT REQUIREMENTS (ALL APPLICANTS)

Each **Natural Person(s)** who is required to complete a Personal Background Affidavit in Sections 8 and 9 listed on the Clinic Application (as identified in the application instructions) is required to complete Live Scan fingerprinting or submit Board-approved fingerprint cards and the fingerprint processing fee. If a person is currently associated with an active clinic license and has electronic fingerprints on file with the California State Board of Pharmacy, new fingerprints may not be required.

FINGERPRINT INSTRUCTIONS: Complete and attach **ONE** of the following (either A or B):

- California residents must use Live Scan. Use the Request For Live Scan Service form at the end of the application packet, which provides the Live Scan operator with the board's agency information.
- A Live Scan site may charge a separate processing fee.
- Nonresidents can visit California to complete a Live Scan OR they must submit fingerprints professionally rolled on cards supplied by the Board.
- A nonresident that submits fingerprint cards must include the \$49 fingerprint card processing fee (per person).
- The Board accepts fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

A. California Resident: Attach a copy of the completed Live Scan receipt.

- The receipt verifies that the individual being fingerprinted has completed the Live Scan process and provides tracking information for the Live Scan submission. It is the responsibility of the individual being fingerprinted to verify that all personal information entered by the Live Scan operator is correct prior to the operator's submission. The Board of Pharmacy will not accept clearances by the DOJ/FBI if the personal information is incorrect. Receipt of incorrect information by the DOJ/FBI will result in the individual having to complete a new Live Scan.
- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>.
- The individual being fingerprinted must ensure the following information is correct when completing the Live Scan:
 - **Type of License/Certification/Permit or Working Title:** Phy Clinic - Section 4201
 - **Full Name:** Must be EXACTLY THE SAME as the individual's name on their state-issued driver's license or state-issued identification card. (Jr., II, etc., must be included). It also must be EXACTLY THE SAME as the individual's name on the application.
 - **Date of Birth:** Do not omit. If left blank, the individual may have to reprint.
 - **Social Security Number (SSN):** Do not omit. If left blank, the individual may have to reprint.
 - **Level of Service:** Must include both DOJ and FBI.

B. Non-California Resident: The individual being fingerprinted may visit California and complete Live Scan. If the individual cannot complete the Live Scan, **two (2) rolled fingerprint cards** must be submitted with the application.

- Only fingerprint cards provided by the Board will be accepted.
- Request fingerprint cards through the Board's online services at https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php or via email to rxforms@dca.ca.gov.
- Fee: Include a fingerprint card processing fee of \$49 for each individual being fingerprinted (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy. You may submit one check or money order for the application processing fee(s) and the fingerprint card processing fee(s) together.
- The fingerprint card(s) must be completed in black ink.
- Print legibly or type all personal information on the fingerprint cards. If the personal information of the fingerprinted individual is not legible and DOJ enters the information incorrectly, the individual will have to submit new fingerprint cards and pay the \$49 fee again. DOJ will NOT correct print results due to illegible fingerprint cards. The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (e.g., law enforcement agency) in the state the services are rendered.
- Fingerprint results from cards take approximately six weeks for the Board to receive a response from the DOJ/FBI.

- Poor quality prints will be rejected by DOJ/FBI and will cause delay because new fingerprint cards will be required to be submitted. This is why two (2) rolled fingerprint cards must be submitted for each individual, along with the required \$49 processing fee.

SECTION E. LIST OF COMMON DEFICIENCIES

The following are examples of common deficiencies observed by the Board, which can lead to delays in application processing and, if not timely corrected, can result in the application being deemed to have been abandoned. The Board encourages all applicants to review and avoid these common mistakes.

- Missing fees.
- Incomplete application or forms.
- Missing supporting documentation for the applicant and/or owners in the applicant's ownership.
- Supporting documents do not reflect or support the information reported on the application or Ownership Information form(s).
- Submission of redacted documents.
- Signatures are not original or do not comply with the Board's Digital Signature Policy.
- Date in signature block is left blank.
- Failure to disclose all direct and indirect owners.
- Failure to submit deficiency items with a copy of the deficiency notice when mailing items to the Board.
- Using any writing implement other than a blue or black ink pen or typing the application.
- Incomplete fingerprint cards or not submitting a copy of the completed LiveScan form.



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



CLINIC LICENSE APPLICATION

Print in blue or black ink or type. All sections must be completed; if not applicable, enter N/A.

1. APPLICANT INFORMATION (License will print only the first 65 characters, including spaces.)

A. _____
 Name to appear on the License, which may be a DBA.

Physical Location	Street	City	State	Zip Code
Email Address of Clinic		Telephone Number of Clinic		

B. _____
 Legal Entity/Business Name FEIN#

Legal Entity Business Address	Street	City	State	Zip Code
Legal Entity Email Address		Telephone Number		

2. Type of Clinic (Check one in either A or B)

A. Identify the type of clinic pursuant to Business and Professions Code section 4180

Nonprofit Community Free Operated by Community/Free Primary Care
 Nonprofit Multi-Specialty Student Health Center Operated by Indian Tribe/Organization

B. Identify the type of clinic pursuant to Business and Professions Code section 4190

Surgical Clinic: A surgical clinic licensed pursuant to paragraph (1) of subdivision (b) of Section 1204 of the Health and Safety Code.
 Accredited Outpatient Setting: Is the outpatient setting accredited by an accreditation agency approved by the Medical Board of California? If yes, attach a copy of the certificate. Yes No
 Ambulatory Surgical Center: Is the clinic Medicare Certified? If yes, attach a copy of the current Medicare certificate. Yes No

3. Type of Application

New Clinic _____ Anticipated Opening Date
 Change of Ownership _____ Anticipated Change of Ownership Date
 Change of Location: _____ Anticipated Move Date

4. TYPE OF OWNERSHIP

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government Owned
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Native American Tribe
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Non-Native American Operating on Tribal Land
<input type="checkbox"/> Trust	<input type="checkbox"/> Publicly Traded Corporation	

For Board Use ONLY

Date Processed: _____ Date Issued: _____ Date Cashiered: _____
 Processed by: _____ Issued by: _____ Cashiering #: _____
 Amount Received: _____

5. CONTACT PERSON: The Board will discuss the status of this application ONLY with the authorized individual listed below. An owner/officer listed in Section 8 and/or 9 must also be identified below to be included in all communications regarding the application. An owner/officer listed in Section 8 and/or 9 may designate additional individuals to receive information on this application by submitting an Authorization to Release Applicant Information form (see page 8 of this application).

A. _____
 Name of Authorized Contact Person Telephone Number Email Address

B. _____
 Owner/Officer Named in Section 8 and/or 9 Telephone Number Email Address

C. **Change of Ownership ONLY:** The Board will discuss the status of this change of ownership application ONLY with the individual(s) listed in Section 5 A and B above. Check “yes” or “no” below to indicate whether the Board is also authorized to communicate the status of this change of ownership application with the current owner on record for this clinic (*i.e.*, the seller/transferor in the change of ownership transaction).

Yes **No** **If Yes,** list the name of the individual the Board is authorized to communicate with and submit a completed Authorization to Release Applicant Information (see page 8 of this application) signed by an individual listed in Item 8 or 9 of this application. **NOTE: The person named below must be listed on the current license.**

 Name

6. CHANGE OF OWNERSHIP OR LOCATION: Provide the exact name, address, and license number as listed on the current Clinic license.

 Name listed on the Current Clinic License

 Physical Location Street City State Zip Code

 Current Clinic License Number Expiration Date of License

7. LIST THE PROFESSIONAL DIRECTOR, ADMINISTRATOR, AND CONSULTING PHARMACIST OF THE CLINIC

The Board is authorized to issue clinic licenses pursuant to sections 4180 and 4190 of the Business and Professions Code. A clinic applying under section 4180 of the Business and Professions Code must comply with the requirements as defined in Chapter 9, Division 2, Article 13. A clinic applying under section 4190 of the Business and Professions Code must comply with Chapter 9, Division 2, Article 14.

The policies and procedures to implement the laws and regulations shall be developed and approved by the professional director, the clinic administrator, and the consulting pharmacist.

 Name of Professional Director License Type and Number

 Name of Administrator License Type and Number

 Name of Consulting Pharmacist License Type and Number

Professional Director Certification: I certify as the Professional Director of this clinic, I shall comply with the requirements as defined in Pharmacy Law.

Signature of Professional Director

Date

Administrator Certification: I certify as the Administrator of this clinic, I shall comply with the requirements as defined in Pharmacy Law.

Signature of Administrator

Date

Consulting Pharmacist Certification: I certify as the Consulting Pharmacist for this clinic, I will comply with the requirements as defined in Pharmacy Law. I further certify that the policies and procedures of the clinic's drug distribution service, relative to inventories, security procedures, training, protocol development, recordkeeping, packaging, labeling, dispensing, and patient consultation are consistent with the promotion and protection of the health and safety of the public.

Signature of Consulting Pharmacist

Date

8. **OFFICER(s)/DIRECTOR(s)/TRUSTEE(s)/MANAGER(s): LIST ALL TITLES IF SERVING IN MORE THAN ONE CAPACITY.** Provide the name(s) and **ALL** title(s) if serving in more than one capacity of the officer(s), trustee(s), manager(s), and director(s) in the case of government-owned applicants of, and any other person(s) with management or control over the applicant named in item 1B, e.g. General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed below have both management and control and beneficial interest in the applicant business they will be listed in Section 8 and 9.)

Each individual listed is required to complete a **Personal Background Affidavit (17A-37)** and comply with fingerprint requirements. These persons will be listed on the license record.

List All Title(s)	Full Legal Name (Natural Person or Entity)

9. APPLICANT OWNERSHIP INFORMATION: Reference the application instructions for the required supporting documents to be submitted with the application. (Not required for government, Native American or Non-Tribal owned)

List below the five person(s) with the largest percentages of interest in the ownership in the applicant named in item 1B of this application. (i.e. owner(s), shareholder(s), member(s), partner(s), including identification of the beneficiary(ies) of a trust, etc.)

- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other person(s) beneficially interested signed by a natural person listed in Section 8.
- **NOTE:** The information provided shall account for 100-percent of the ownership interests in the person listed in Item 1B of this application.

Submit the following in support of the application. If the natural person(s) or entity(ies) listed below have beneficial interest in addition to fiduciary AND/OR management responsibility they need to be listed in both Section 8 and 9. Submit the following documents as instructed in the application instructions.

- **Personal Background Affidavit (17A-37)**
- **Business Background Affidavit (17A-18)**
- **Supporting Ownership Documents**

These person(s) will be on the license record.

A. _____

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

B. _____

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

C. _____

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

D. _____

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

E. _____

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

10. DISCIPLINARY QUESTIONS

A. In the previous seven years has the applicant named in item 1B been an owner, member, or partner of any person whose application for a license has been denied or whose license has been revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

Yes **No** **If Yes,** provide the following information for each action taken, including any prior licenses. Use additional sheets if necessary.

Business Name	License Type and Number	
Type of Action	Year of Action	State, Jurisdiction, Territory, or Country

B. In the previous seven years, has the applicant named in item 1B been in violation of any provisions of California pharmacy law?

Yes **No** **If Yes,** provide a statement of the violation(s), or a reason that such a statement cannot be provided for each violation(s). Use additional sheets if necessary.

C. The Board will conduct a criminal history background check on the applicant. You may provide any mitigating information, including evidence of rehabilitation, regarding your criminal history or criminal conviction(s) that you want the Board to consider. This disclosure is voluntary, and your decision not to disclose any information will not be a factor in the Board’s decision to grant or deny your application. Use additional sheets if necessary.

Are you attaching mitigating information: **Yes** **No**

11. APPLICANT ADVISEMENTS AND AFFIDAVIT - Read carefully and sign below.

This application must be approved by the California State Board of Pharmacy before a clinic license will be issued. **Any application not completed within 60 days after being notified by the Board of deficiencies may be deemed to have been abandoned, and the applicant will be required to file a new application and meet all requirements that are in effect at the time of the new application.** A change of ownership application may be withdrawn by either the applicant or the licensee with no resulting liability to the California State Board of Pharmacy. **Fees applied to this application are not transferable or refundable.**

Failure to provide any of the requested information may result in the application being considered incomplete. Any material misrepresentation in the answer to any question is grounds for denial or subsequent revocation of the license. The withdrawal of an application for a license after it has been filed with the Board shall not, unless the Board has consented in writing to such withdrawal, deprive the Board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground. (BPC § 118, subd. (a))

Pursuant to the provisions of BPC section 4207, the California State Board of Pharmacy is authorized to conduct a thorough investigation of this application to determine whether the applicant is qualified for the license being sought, and may request any information it deems necessary to complete said investigation, including, without limitation, business and financial records and documents.

Disclosure of federal employer identification numbers (FEINs) and social security numbers (SSNs) is mandatory. BPC section 30 authorizes collection of this information. If you fail to disclose FEINs and/or SSNs as requested on this application, this application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a penalty against you.

The Board makes every effort to protect personal information provided to the Board. The information provided, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 et seq.), as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

NOTICE: The State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the Board. You are obligated to pay your state tax obligation. This application may be denied if the state tax obligation is not paid.

REQUIRED SIGNATURES: See instructions for required signatories. Provide original, dated signatures or digital signatures that comply with the [Board's Digital Signatures Policy Statement](#).

Under the laws of the State of California, each natural person whose signature appears below certifies that:

- 1) They are at least 18 years of age.
- 2) They have the authority to make this application to apply for a license with the California State Board of Pharmacy on behalf of the applicant named in the foregoing application.
- 3) They have read or have knowledge of the foregoing application for licensure, are familiar with the contents thereof, and attest to the truth and accuracy of all statements, answers, and representations made in this application, including any and all supplementary statements.

- 4) No person other than the persons identified in this application (including any attachment hereto) has any ownership interest in, or management and/or control over, the applicant or its business to be conducted under the license for which this application is made.
- 5) They understand that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license.

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------

AUTHORIZATION TO RELEASE APPLICANT INFORMATION

(Optional)

Applicant Business Information – Please print or type

File Number, if applicable _____

Name of Business Telephone Number of Business

Name of Business DBA if different than above

Address of Business – Street City State Zip Code

The Board will ONLY discuss the status of this application with the authorized person identified on the application and any person who has signed the application as an officer, partner, member, and/or owner of the applicant business. In order for the Board to discuss the status of this application with another individual, the authorized person identified on the application must authorize in writing the Board to discuss the application status with a his or her authorized representative.

Giving consent for the Board to disclose application and business information will authorize the Board to disclose all personal and business information pertaining to this application. This includes but is not limited to social security number, date of birth, address information, all application requirement information, application approval or denial status, and any criminal conviction information the Board may have on record for your application.

Applicant Consent – Must be signed and dated by the applicant for optional authorization to be valid.

As a person identified on the application that is authorized to act for and bind the applicant business, I hereby give the Board consent to communicate to the individual listed below.

I, _____, hereby give consent to
Print Name of Person Authorized to Bind the Applicant Business

the California State Board of Pharmacy to disclose information about this application as specified above to the following individual:

Name Telephone Number Email Address

Mailing Address – Street City State Zip Code

This consent will expire on _____, within one year, or upon
licensure, whichever comes first. (Date)

Original Signature of Person Authorized to Bind the Applicant Business Date



PERSONAL BACKGROUND AFFIDAVIT

This form is to be completed by each natural person as instructed on a facility license application or to be added to an existing license through a Change of Permit application.

A California licensed pharmacist and any licensed designated representative is not required to complete this form if serving as a pharmacist-in-charge/consulting pharmacist/designated representative-in-charge/responsible manager.

Print in blue or black ink or type. All sections must be completed; if not applicable, enter N/A.

1. PERSONAL INFORMATION

Legal Last Name Legal First Name Middle Name

Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.)

Address - Street City State Zip Code

Personal Phone Number Work Phone Number Email Address

US Social Security Number or ITIN Date of Birth (Month/Day/Year)

2. APPLICANT/LICENSEE INFORMATION

List the name of the applicant facility applying for a license as listed in item 1A of the license application OR as listed on the facility license. License #, if applicable

Facility's Name

Location of Business Street City State Zip Code

ANSWER EACH OF THE FOLLOWING QUESTIONS (Attach additional sheets of paper if necessary)

3. LICENSE INFORMATION

A. Are you currently or have you previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional?

Yes ___ No ___ **If Yes,** List the following for all state(s), including California.

State	Type of License	License Number	Active or Inactive	Issued Date	Expiration Date

B. AUTHORIZED TO PRESCRIBE

Are you currently or have you previously been licensed to prescribe in California or any other state, jurisdiction, territory, or country? Prescribers referenced in BPC section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, physician assistant, etc.) who hold or have held a license to prescribe in this state or any other state, jurisdiction, territory, or country must disclose their license information below.

Yes ___ No ___ **If Yes,** provide the following.

State	Type of License	License Number	Active or Inactive	Issued Date	Expiration Date

4. OWNERSHIP INFORMATION

Do you have or have you had any direct or indirect beneficial interest in, or do you have or have previously exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for, a California and/or nonresident licensed pharmacy, clinic, wholesaler, third-party logistics provider, or outsourcing facility licensed in California or any other state, jurisdiction, territory, or country?

Yes ___ No ___ **If Yes,** list all current and past licenses. Attach additional sheets if necessary.

Name of Facility	License Type and Number	State Issued

5. DISCIPLINARY QUESTIONS

The following questions pertain to a license sought or held in California or any other state, jurisdiction, territory, or country. For any affirmative answer, attach a statement of explanation including type of license, license number, type of action, date of action, and identify the state, jurisdiction, territory, or country.

A. Have you ever had an application for any professional or vocational license or registration denied or any professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

Yes ___ No ___ **If Yes,** provide a signed and dated statement of explanation.

B. Have you had any direct or indirect beneficial interest in, or have you exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for a California and/or nonresident pharmacy, clinic, wholesaler, third-party logistics provider, outsourcing facility and/or any other facility whose license has been denied, suspended, revoked, placed on probation, or had other disciplinary action taken against it?

Yes ___ No ___ If Yes, provide a signed and dated statement of explanation

C. Have any of the disciplinary actions in A or B above occurred with your spouse or domestic partner?

Yes ___ No ___ If Yes, provide a signed and dated statement of explanation.

6. PRACTICE IMPAIRMENT OR LIMITATION

The Board makes an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the Board is unable to make a determination based on the information provided, the Board may require an applicant to be examined by one or more physicians or psychologists, at the Board’s cost, to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant.

A. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice pharmacy in a competent, ethical, and professional manner?

Yes ___ No ___ If Yes, attach a statement of explanation.

B. Have you ever participated in, been enrolled in, or been required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?

Yes ___ No ___ If Yes, attach a statement of explanation.

A signature is required, and must be an original dated signature or a digital signature that complies with the Board’s [Digital Signatures Policy Statement](#) located on the Board’s website. All documents with digital signatures shall be emailed to the Board.

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 the foregoing Certification of Personnel form.

Signature of individual completing this form

Date



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



BUSINESS BACKGROUND AFFIDAVIT

This form is to be completed by each person (other than a natural person) in the applicant’s ownership structure for a facility license application or to be added within an existing licensee’s ownership structure through a Change of Permit Application.

California Business and Professions Code (BPC) section 4035 defines “person” to include, but is not limited to, firm, association, partnership, corporation, limited liability company, state governmental agency, trust, or political subdivision.

1. APPLICANT/LICENSEE INFORMATION

List the name of the applicant applying for a license as listed in item 1A of the license application OR the licensee of a change of permit application. License #, if applicable _____

Applicant’s Name as it will appear on the license or Licensee’s Name	Telephone Number
--	------------------

Physical Location Street	City	State	Zip Code
--------------------------	------	-------	----------

2. OWNER: Provide the legal name of the entity and information of the owner completing this form. The information should coincide with the ownership organizational chart and supporting organizational documents.

Legal Entity/Business Name	FEIN#
----------------------------	-------

Legal Entity Business Address Street	City	State	Zip Code
--------------------------------------	------	-------	----------

Legal Entity Email Address	Telephone Number
----------------------------	------------------

Name of Authorized Contact	Telephone Number
----------------------------	------------------

TYPE OF OWNERSHIP

- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Native American Tribe |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-Native American Operating on Tribal Land |
| <input type="checkbox"/> Limited Liability Company | |
| <input type="checkbox"/> Trust | |

3. DISCIPLINARY QUESTIONS

A. In the previous seven years has the owner named in Section 2 had an application for a license been denied or had a license be revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

Yes **No** **If Yes,** provide the following information for each action taken, including any prior licenses. Use additional sheets if necessary.

Company Name	License Type and Number	
Type of Action	Year of Action	State, Jurisdiction, Territory, or Country

B. In the previous seven years, has the owner named in Section 2 been in violation of any provisions of California pharmacy law?

Yes **No** **If Yes,** provide a statement of the violation(s), or a reason that such a statement cannot be provided for each violation(s). Use additional sheets if necessary.

C. The Board will conduct a criminal history background check on the application. You may provide any mitigating information, including evidence of rehabilitation, regarding your criminal history or criminal conviction(s) that you want the Board to consider. This disclosure is voluntary, and your decision not to disclose any information will not be a factor in the Board’s decision to grant or deny your application. Use additional sheets if necessary.

Are you attaching mitigating information: Yes _____ No _____

4. ADVISEMENTS AND AFFIDAVIT - Read carefully and sign below.

This form is being submitted in support of the application for licensure made by the applicant identified in Section 1 of this form (hereafter, the “License Application”). The License Application must be approved by the California State Board of Pharmacy before a clinic license will be issued. **Any application not completed within 60 days after being notified by the Board of deficiencies may be deemed to have been abandoned, and the applicant will be required to file a new application and meet all requirements that are in effect at the time of the new application.**

Failure to provide any of the information requested on this form may result in the License Application being considered incomplete. Any material misrepresentation in the answer to any question on this form is grounds for denial or subsequent revocation of the license. The withdrawal of an application for a license after it has been filed with the Board shall not, unless the Board has consented in writing to such withdrawal, deprive the Board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground. (BPC § 118, subd. (a).)

Pursuant to the provisions of BPC section 4207, the California State Board of Pharmacy is authorized to conduct a thorough investigation of the License Application to determine whether the applicant is qualified for the license being sought, and may request any information it deems necessary to complete said investigation, including, without limitation, business and financial records and documents.

Disclosure of federal employer identification numbers (FEINs) and social security numbers (SSNs) is mandatory. BPC section 30 authorizes collection of this information.

The Board makes every effort to protect personal information provided to the Board. The information provided, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 et seq.), as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

This form must be signed by the binding owner/officer listed in Section 2 of this form who has the authority to execute and submit this form on behalf of such owner.

The signature must be original, dated signature or digital signatures that comply with the Board's [Digital Signatures Policy Statement](#) located on the Board's website. All documents with digital signatures shall be emailed to the Board.

Under the laws of the State of California, the natural person whose signature appears below certifies that:

- 1) They are at least 18 years of age.
- 2) They have knowledge of the License Application and are submitting this form in support of said License Application.
- 3) They are duly authorized to submit this form on behalf of the owner identified in Section 2 of this form.
- 4) All statements, answers, and representations made herein, and in any and all supplementary statements submitted in connection herewith, are true and accurate.
- 5) They understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant identified in Section 1 of this form.

Signature

Print Name

Date



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



SELLER'S CERTIFICATION

INSTRUCTIONS: This form is to be completed by the seller and submitted with the application for a change of ownership by the prospective owner. A copy of the pending purchase agreement must be attached. Please print or type.

NOTICE: The license is not transferable, and the current owner of record must maintain operations and control of the licensed premises (including renewing the license) until the change of ownership is approved by the California State Board of Pharmacy. Proof of authority to sell by any person, other than a person whose name appears on the California State Board of Pharmacy license record, must accompany this certification.

This will certify that _____
 Name of Seller

has agreed that on _____ Seller shall transfer _____
 month/day/year (all, half, etc.)

of the right, title and interest in _____
 Name of Facility License Number

Located at _____
 Address City State Zip Code

List the Name of all Buyer(s)

On completion of this sale and approval of the new license, the original license, and the current renewal must be returned to the California State Board of Pharmacy.

Under penalty of perjury under the laws of the State of California, each person whose signature appears below certifies and says that (If the seller is a partnership, all partners must sign below):

1. Is the licensee, named in this Seller's Certification, duly authorized to make this sale;
2. Is listed on the current license; and
3. All statements made in this Seller's Certification are true and correct.

Signature of Seller	Name (please print)	Title	Date
Signature of Seller	Name (please print)	Title	Date
Signature of Seller	Name (please print)	Title	Date



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



FINGERPRINTING REQUIREMENTS AND LIVE SCAN INSTRUCTIONS

BRING THESE INSTRUCTIONS WITH YOU TO THE LIVE SCAN AGENCY.

THE LIVE SCAN OPERATOR MUST ENTER THE INFORMATION PROVIDED IN STEP 1 BELOW.

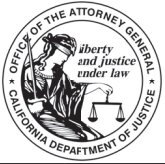
FAILURE TO INCLUDE THE BOARD OF PHARMACY INFORMATION ON THE LIVE SCAN FORM MAY RESULT IN THE INDIVIDUAL HAVING TO COMPLETE THE LIVE SCAN PROCESS AGAIN.

FINGERPRINT REQUIREMENT: All license, registration, and permit applicants and holders must furnish a full set of fingerprints for purposes of conducting federal and state criminal history record checks through the Department of Justice (DOJ). (Bus. & Prof. Code, § [144](#); 16 CCR § [2010.05](#).) Licensure, registration, and permits are subject to denial, suspension, or revocation based upon an applicant's or licensee's conviction of a crime. (Bus. & Prof. Code §§ [475-490](#), [4836.2](#), [4837](#), [4842](#), [4883](#), [4885](#).)

Fingerprints must be submitted to the DOJ electronically via Live Scan. (Pen. Code, § [11077.1](#).) Live Scan is a system for the electronic submission of fingerprints. The DOJ has limited statutory authority to issue an exemption to this mandate if an electronic transmission site is regionally unavailable. For more information on how to request an exemption, visit the Attorney General's Office web site at <https://oag.ca.gov/fingerprints> and download the [BCII 9004 - Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement](#) form.

LIVE SCAN INSTRUCTIONS: STEP 1 - COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS FOLLOWS:

- **ORI:** Enter "A0071". This is the unique agency code for the Board of Pharmacy.
- **Authorized Applicant type:** Enter "License/Cert/Permit".
- **Type of License/Certification/Permit OR Working Title:** Enter "Phy Clinic - Section 4201". This is unique for the specific application for license.
- **Agency Authorized to Receive Criminal Record Information:** Enter "Board of Pharmacy".
- **Mail Code:** Enter "05712". This is the unique five-digit code assigned by the DOJ for the Board of Pharmacy.
- **Street Address, City, State, and Zip Code:** Enter "2720 Gateway Oaks Drive, Suite 100, Sacramento CA 95833".
- **Contact Telephone Number:** Enter "(916) 518-3100".
- **Name of Applicant:** Enter your Legal Last Name, Legal First Name, and Middle Name. Do not use initials or name abbreviations.
- **Alias:** Enter all other names you have used, including your maiden name. If none, leave this section blank.
- **Driver's License No.** Enter your Driver's License Number, including the State.
- **DOB:** Enter your date of birth (month/day/year).
- **Sex:** Enter your gender.
- **Height:** Enter your height in feet and inches.
- **Weight:** Enter your weight in pounds.
- **Eye Color:** Enter the color of your eyes.
- **Hair Color:** Enter the color of your hair.
- **Billing Number:** Leave this section blank. Applicant is responsible for paying all fees associated with fingerprinting.
- **Place of Birth:** Enter your place of birth (City and State, or Country).
- **SSN:** Enter your Social Security Number. This is **MANDATORY** for the Board of Pharmacy.
- **Misc. Number:** Enter any other identification number and type. If none, leave this section blank.
- **Home Address, City, State, and Zip Code:** Enter your home address information into the applicable sections.
- **Level of Service:** Mark **BOTH DOJ and FBI**. You are required to have both DOJ and FBI level of service complete.
- **Employer:** This information is not required.



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 Name

First Name Suffix

Date of Birth Sex Male Female Nonbinary/Unspecified

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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

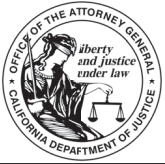
Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



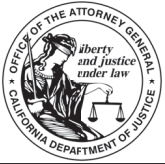
REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)