



DESIGNATED REPRESENTATIVE-REVERSE DISTRIBUTOR APPLICATION INSTRUCTIONS

A person applying for a designated representative-reverse distributor license must demonstrate they meet the requirements for licensure pursuant to Business and Professions Code section 4053.2. A designated representative-reverse distributor license is responsible for supervision over a licensed wholesaler that ONLY acts as a reverse distributor pursuant to Business and Professions Code section 4022.6.

HOW LONG WILL IT TAKE TO PROCESS MY APPLICATION?

- Allow the Board 30 days to process your application.
- The Board will communicate via email regarding the status of your application. You will receive an acknowledgement email within 15 days of receipt.
- Once your application is reviewed, you will receive a “Deficiency Notice” via email if your application is incomplete. To facilitate electronic communication, please provide an email address that you check regularly.
- Please do not contact the Board to check on the status of your application unless your application has been on file for over 45 days.
- Failure to complete your application within 60 days from the date the Board notifies you of the deficiencies, may result in your application being considered abandoned and withdrawn.
- Once you have completed all the requirements for licensure and the Board has approved the issuance of your license, you will receive an email notifying you of the issuance of your license. In addition, you may verify your license at www.pharmacy.ca.gov. Please allow four to six weeks from the date a license is issued to receive the license in the mail.

WHAT MAKES AN APPLICATION COMPLETE

1. **APPLICATION FEE IS \$210:** Include a check or money order made payable to the California State Board of Pharmacy when submitting your application. The application fee is non-refundable.
2. **APPLICATION FOR A DESIGNATED REPRESENTATIVE-REVERSE LICENSE (form 17A-102):** Complete the entire application. It is preferable to complete the application online, print, then sign (wet signature) and date the application. To facilitate electronic communication, please provide an email address that you check regularly.

AVOID COMMON MISTAKES

- **Look at your state issued driver’s license or state issued identification card prior to completing the application.** The name on each form listed below must be **EXACTLY THE SAME** as the name on your state issued driver’s license or state issued identification card. If you have a hyphenated name, two last names, or two first names, you need to list your name on each of the following documents to match that of your state issued identification:
 - Designated Representative Application,
 - Request for Live Scan form or fingerprint cards, and
 - Self-Query Report.

- Have you ever used a different name? List each prior name on the application under Previous Names.
 - ✓ Did you have a maiden name, married name, former name, AKA?
 - ✓ Have you ever used Jr., Sr., II, etc., with your name?
 - ✓ If you do not list all of your previous names, the Board may not locate, match or verify your documents.
 - ✓ Do you have a pharmacy technician license issued in another name? If yes, submit a copy of your state issued identification for the Board to update your name.
- Do not leave anything blank; use “N/A” if a question doesn’t apply to you.
- Do not let your employer or school fill out your application.
- Sign and date the application within 60 days of filing the application. No one else can sign the application for you. Electronic, stamped, copies or faxed signatures or signatures that do not meet the above requirements may result in an incomplete application.

3. U.S. SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN): You are required to disclose your U.S. social security number or Individual Taxpayer Identification Number (ITIN). It must be included on the application.

4. PHOTO: Attach a passport-style photo to page 1 of the application (2”x2” glossy, colored photo) taken within 60 days of filing the application. **DO NOT** provide scanned images, Polaroids, or black-and-white photos.

5. MILITARY EXPEDITE: The Board will expedite review of an application that meets one of the following criteria (A, B, C, or D).

- A. Active Duty Military-Spouses or Partners: If your spouse or partner is an active duty member of the U.S. Armed Forces and you hold a current license in another state, please provide the following:
 - ✓ A copy of your current license in another state, district, or territory of the United States documenting the profession or vocation for which you seek licensure from the Board.
 - ✓ A copy of the marriage certificate, certified declaration/registration of domestic partnership, or other evidence of legal union.
 - ✓ A copy of your spouse or partner’s military orders establishing duty station in California.
- B. Serving in the Military: Are you currently serving in the United States military?
 - ✓ Attach a copy of your military identification.
- C. Active Duty Member Enrolled in SkillBridge Program: If you are an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code, please provide satisfactory evidence of your enrollment.
- D. Military Veteran: Have you ever served in the United States military?
 - ✓ Please attach a copy of your DD214 with your application.

6. REFUGEE EXPEDITE: The Board will expedite the review of an application that meets one of the following criteria (A, B, or C). Please attach one of the items listed under acceptable documentation.

- A. You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- B. You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,

- C. You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

ACCEPTABLE DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of “SI” or “SQ.”
- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

- 7. MANDATORY EDUCATION:** You must have earned a degree from an accredited postsecondary institution, be a high school graduate, or have a general education development certificate equivalent. Attach **ONE** of the following (A, B, C, D, E or F):
- A. **Degree from an accredited postsecondary institution.** Attach an official, embossed transcript (academic record) or notarized copy of your official transcript from an accredited postsecondary institution. The official transcript must indicate your degree earned and date conferred.
- B. **U.S. High School Graduate:** Attach an official, embossed transcript (academic record) or notarized copy of your high school transcript. It must have the graduation date on it. To get a copy of your high school transcript, contact your high school or its school district office.
- C. **Foreign High School Graduate:** Attach a notarized copy of your foreign secondary school diploma or certificate **OR** a notarized copy of your foreign secondary school transcripts. If not in English, then include a certified translation in English. The translation may be from an evaluation service that states your education is equal to graduating high school in the U.S.
- D. **High School Equivalency:** Attach 1, 2, or 3 to show documentation of completing one of the three High School Equivalency Tests.
1. **General Educational Development (GED):** Attach an official transcript of your test results or equivalent. GED test results are official only if they are earned through an authorized GED Testing Center. To get your GED transcripts, go to <http://www.gedtestingservice.com/testers/gedrequest-a-transcript>. If your GED is from another state, you may need to request an official transcript of your GED test results from the agency in that state.
 2. **HiSET:** Attach an official transcript of your test results or equivalent. HiSET test results are official if they are earned through an authorized HiSET Testing Center. To request your HiSET transcripts, go to www.diplomasender.com.
 3. **TASC:** Attach an official transcript of your test results or equivalent. TASC test results are official if they are earned through an authorized TASC Testing Center. To request your TASC transcripts, go to <http://www.tasctest.com/>.
- E. **Certificate Equivalent** – Attach an official “Certificate of Proficiency” showing you passed the California High School Proficiency Examination (CHSPE). To request a copy, go to <https://www.chspe.net/cert-trans/> or call (866) 342-4773.
- F. **Out-of-State High School General Educational Development Certificate Equivalent:** Attach an official transcript of your test results or equivalent.

8. REQUIRED EXPERIENCE: Submit **ONE** of the following (A, B, or C).

A. Designated Representative-Reverse Distributor Experience Affidavit (form 17A-E7):

Submit this form.

- Document completion of a minimum of one year of paid work experience in the past three years, performing duties related to the distribution, dispensing, or destruction of dangerous drugs or dangerous devices in a licensed pharmacy, wholesaler, or third-party logistics provider. Do NOT include all employment dates, only paid work experience dates. An applicant may not sign as the person with direct knowledge of the applicant's experience.
- If the one year of paid work experience was gained at multiple facilities, submit an experience affidavit form (form 17A-E7) for each facility where paid work experience was gained.
- If your paid work experience was obtained in a facility not licensed by the California State Board of Pharmacy, you must request a License Verification to be completed by the appropriate authority which licensed the facility.

OR

- Document completion of a minimum of one year of paid work experience in the destruction of outdated or nonsaleable dangerous drugs or dangerous devices pharmaceutical waste.

B. Eligible for Pharmacist Examination: Include documentation that clearly identifies that you meet the prerequisites to take the examination required for licensure as a pharmacist by the Board. This may include an official transcript documenting your graduation from a recognized school of pharmacy, or your Foreign Pharmacist Graduate Equivalency Committee (FPGEC) certificate and completed intern hours if you are a foreign educated pharmacist.

C. Out-of-State Licensed Pharmacist: Include a copy of your current pharmacist license as well as submitting a Verification of License in Another State form (17A-16) as instructed in number 9 of the application instructions.

9. REQUIRED TRAINING: Designated Representative-Reverse Distributor Training Affidavit (form 17A-E8).

Submit this form documenting that you have completed a training program pursuant to Business and Professions Code section 4053.2. An applicant may not sign as the person with direct knowledge of the applicant's training.

10. VERIFICATION OF LICENSE IN ANOTHER STATE: If you currently hold or previously held a license in another state as a pharmacist, intern pharmacist, pharmacy technician, designated representative, and/or other health care professional, request each state agency to verify your license by completing the required Verification of License in Another State form (17A-16).

11. FINGERPRINTS: Please complete and attach **ONE** of the following (A or B):

- California residents must use Live Scan. Nonresidents can visit California to complete a Live Scan or submit fingerprints on cards supplied by the Board. 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.
- **DO NOT** complete the Live Scan service or fingerprint cards until you are ready to send in your application.
- You must submit a copy of your Live Scan receipt or two rolled fingerprint cards with your application
- Each application requires you to complete a new Live Scan or submit new fingerprint cards.

- The Live Scan site may charge a processing fee.
- The Board will accept 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. 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:** Pharmacy Wholesaler – Section 4305.5.
 - **Full Name:** Must be EXACTLY THE SAME as the individual's name on his/her 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, you may have to reprint.
 - **Social Security Number (SSN) or Individual Tax Identification Number (ITIN):** Must be included and be correct, unless you have an ITIN. If you have an ITIN, this field should be left blank.
 - **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 they cannot complete the Live Scan, then two rolled fingerprint cards must be submitted with the application for each individual being fingerprinted.

- Only fingerprint cards provided by the Board of Pharmacy 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 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 both the application processing fee and fingerprint card processing fee(s).
- Print legibly or type personal information on the fingerprint cards. If the personal information of the individual being fingerprinted is not legible and DOJ enters the information incorrectly, they will be responsible to submit new fingerprint cards and pay the \$49 fingerprint card processing 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 clearances from cards take approximately six weeks.
- Poor quality prints will be rejected by DOJ/FBI and will cause delay because new fingerprint cards will be required.



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 www.pharmacy.ca.gov

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



DESIGNATED REPRESENTATIVE-REVERSE DISTRIBUTOR LICENSE APPLICATION

Please read the application instructions before you complete the application. Failure to provide the required information may result in the application being considered incomplete. Attach additional sheets of paper, if necessary. The information will be used to determine if you qualify for licensure pursuant to California Business and Professions Code sections 4053.2.

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

MILITARY OR REFUGEE APPLICATION EXPEDITE

(Please check one of the following, if applicable)

- Military**
- Veteran**
- Refugee**

1. APPLICANT INFORMATION - Please Type or Print

Legal Last Name	Suffix	Legal First Name	Middle Name
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 Previous Names (AKA, Maiden Name, Alias, etc.)

 *Official Mailing/Public Address of Record – Street/PO BOX City State Zip Code

 Residence Address - Street City State Zip Code

 Telephone Numbers - Home Cell Work

 Driver's License Number State Email Address (Communication will be sent to this email)

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

THIS SECTION IS FOR BOARD USE ONLY

App Fee: ____ Enf. Check: ____ Photo: ____ Experience: ____ Training: ____	Educ: ____ FP Card/Fee: ____ LS: ____ DOJ Date ____ FBI Date ____	Issuance		CASHIERING ONLY		
		License #		Receipt #:		
		Date Issued		Date Cashiered:		
		Date Expires		Amount:		

2. MILITARY AND REFUGEE APPLICATION EXPEDITE REQUEST. To qualify for your application to be expedited, please check one of the following and provide supporting documentation as outlined in the application instructions.

MILITARY

- A. I am married to, or in a domestic partnership or other legal union with, an active duty member of the United States military who is assigned to a duty station in California under official active duty military orders and I hold a current license in another state, district, or territory of the United States in the profession for which I seek licensure.
- B. I am currently serving in the United States military.
- C. I am currently an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code.
- D. I served as an active duty member of the United States military and was honorably discharged.

REFUGEE

- A. Refugee pursuant to section 1157 of title 8 of the United States Code;
- B. Refugee granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of title 8 of the United States Code; or,
- C. Refugee with a special immigrant visa that has been granted a status pursuant to section 1244 of public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8.

3. MANDATORY EDUCATION

Please indicate how you satisfy the education requirement in Business and Professions Code section 4053.2(b)(1).

Degree from an accredited postsecondary institution.

Attach an official, embossed transcript (academic record) or notarized copy of your official transcript from an accredited postsecondary institution. The official transcript must indicate your degree earned and date conferred.

High school graduate or foreign equivalent.

Attach an official embossed transcript or notarized copy of your high school transcript, or certificate of proficiency, or foreign secondary school diploma along with a certified translation of the diploma.

Completed a general education development certificate equivalent.

Attach an official transcript of your test results.

4. DESIGNATED REPRESENTATIVE-REVERSE DISTRIBUTOR QUALIFYING METHOD

Please check the boxes below indicating how you qualify for a designated representative license pursuant to Business and Professions Code section 4053.2.

EXPERIENCE

I have a minimum of one year of paid work experience, in the past three years. Attached is form 17A-E7.

OR

I meet the prerequisites to take the examination required for licensure as a pharmacist.

AND

EXPERIENCE

I have completed the required training program. Attached is form 17A-E8.

5. **LICENSE INFORMATION** List all state(s) where you hold or held a license as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other health care professional, including California.

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

6. **APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheets of paper if necessary)

A. OWNERSHIP INFORMATION

Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator, or medical director on a license to conduct a pharmacy, wholesaler, third-party logistics provider, or any other entity licensed in any state, territory, foreign country, or other jurisdiction?

Yes ___ No ___

If yes, provide: State _____ License Type and Number _____

Name of Facility: _____

Role/Explanation: _____

B. DISCIPLINARY HISTORY

The following questions pertain to a license sought or held in any state, territory, foreign country, or other jurisdiction. 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, territory, foreign country, or other jurisdiction.

A. Have you ever had an application for pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration denied?

Yes ___ No ___ If yes, explain: _____

B. Have you ever had a pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

Yes ___ No ___ If yes, explain: _____

C. Have you ever had a pharmacy, wholesaler, third-party logistics provider, and/or any other entity license denied, suspended, revoked, placed on probation, or had other disciplinary action taken against a license you hold?

Yes ___ No ___ If yes, explain: _____

C. 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) Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?
Yes ____ No ____ If Yes, attach a statement of explanation.
- b) Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?
Yes ____ No ____ If Yes, attach a statement of explanation.
- c) Do you have any other condition that may in any way impair or limit your ability to practice safely?
Yes ____ No ____ If Yes, attach a statement of explanation.
- d) Have you ever participated in, been enrolled in, or 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.
- e) If you answered "Yes" to questions listed under 3 (A through D) above, have you ever received treatment or participated in any program that improves your ability to practice safely?
Yes ____ No ____ N/A ____ If Yes, attach a statement of explanation.

APPLICANT AFFIDAVIT

Please provide a written explanation for all affirmative answers. Failure to provide any of the requested information may result in the application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license. An applicant who fails to complete all the application requirements within 60 days after being notified by the Board of deficiencies, may be deemed to have abandoned the application and may be required to file a new application, fee, and meet all the requirements which are in effect at the time of reapplication.

APPLICANT AFFIDAVIT
Must be signed (electronic signature not accepted) and dated by the applicant.

I, _____, hereby attest to the fact that I am the
Print Full Legal Name

applicant whose signature appears 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 understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

Original Signature of Applicant
and date within 60 days of Board receipt of the application)

Date (please sign

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 pursuant to Business and Professions Code sections 30 and 4000 and following and California Code of Regulations title 16, division 17. 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.

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 law.

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 under 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 or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

***Address of Record:** 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 and following) and the Public Records Act (Government Code section 6250 and following) and will be available on the Internet. This is where the board will mail all official 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 number or Individual Taxpayer Identification Number (ITIN) 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 number or individual taxpayer identification number. Your social security number or individual taxpayer identification 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, that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or individual taxpayer identification 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.

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

MANDATORY REPORTER

Under California law, each person licensed by the California State Board of Pharmacy is a "mandated reporter" for both child and elder abuse or neglect laws. 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 the laws above 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, refer to Penal Code section 11164 and Welfare and Institutions Code section 15630 and following sections.



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AUTHORIZATION TO RELEASE APPLICANT INFORMATION

(Optional)

The board will only disclose information pertaining to an application directly to the applicant. In order for the board to discuss the status of this application with another individual, the applicant must authorize the board in writing to discuss the application status with his or her authorized representative.

Giving consent for the board to disclose application information will authorize the board to disclose all personal 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 denied 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 the applicant, I hereby give the board consent to communicate to the individual listed below.

I, _____, hereby give consent to
 Print Name of Applicant

the California State Board of Pharmacy to disclose information about my individual license 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 Applicant Date



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DESIGNATED REPRESENTATIVE EXPERIENCE-REVERSE AFFIDAVIT

TO BE COMPLETED BY THE PERSON HAVING DIRECT KNOWLEDGE OF APPLICANT’S PAID WORK EXPERIENCE.

The individual applying for licensure as a designated representative-reverse distributor in California pursuant to Business and Professions Code section 4053.2 must have a minimum of one-year paid work experience in one of the following:

1. In a licensed pharmacy, wholesaler, or third-party logistics provider, in the past three years, performing duties related to the distribution, dispensing, or destruction of dangerous drugs or dangerous devices.

OR

2. In the destruction of outdated or nonsaleable dangerous drugs or dangerous devices pharmaceutical waste. *Dangerous drugs and dangerous devices are defined in Business and Professions Code section 4022.*

Work Experience: To be completed by the person having direct knowledge of the applicant’s PAID work experience. The applicant may not verify his/her own experience. Please provide the exact dates of training by month, day, year.

The paid work experience was: (check the appropriate box)

in a licensed pharmacy, wholesaler, or third-party logistics provider. *Attach an official license verification if the facility is not licensed in California.*

in the destruction of outdated or nonsaleable dangerous drugs or dangerous devices pharmaceutical waste.

 Applicant’s Full Name

 Date Work Experience Started

 Date Work Experience Ended

 Number of Months/Years of Work Experience

Work Experience Location

 Name of Company/Employer

 Pharmacy, Wholesaler, Drug Distributor, or Manufacturer License Number, if applicable

 Address - Street

 City

 State

 Zip Code

I certify under penalty of perjury under the laws of the State of California that all statements given on this form herein are true, and that to the best of my knowledge the experience gained by this applicant meets the requirements as required by law. I further certify that the license listed above under the work experience location of this form was not revoked, suspended, or on probation in the state during the time the work experience was gained. I understand that an application may be denied, or any license disciplined, for fraud or misrepresentation.

Printed Name of Person having Direct Knowledge of Applicant's Paid Work Experience	Date
--	------

Original Signature of Person having Direct Knowledge of Applicant's Paid Work Experience	Date
--	------

Telephone Number	Email Address
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DESIGNATED REPRESENTATIVE-REVERSE TRAINING AFFIDAVIT

TO BE COMPLETED BY THE PERSON HAVING DIRECT KNOWLEDGE OF APPLICANT’S TRAINING

The individual applying for a designated representative-reverse distributor license in California has completed training approved by the board, at a minimum:

- A. Knowledge and understanding of California law and federal law relating the distribution of dangerous drugs and dangerous devices.
- B. Knowledge and understanding of California law and federal law relating the distribution of controlled substances.
- C. Knowledge and understanding of California law and federal law relating to the removal and destruction of dangerous drugs, dangerous devices, and pharmaceutical waste.
- D. Knowledge and understanding of United States Pharmacopoeia or federal Food and Drug Administration standards relating to the safe storage, handling, and transport of dangerous drugs and dangerous devices.

Training: To be completed by the person having direct knowledge of the applicant’s training. The applicant may not verify his/her own training. Please provide the exact dates of training by month, day, year.

Applicant’s Full Name

Date Training Started	Date Training Ended	Number of Training Hours/Years
-----------------------	---------------------	--------------------------------

Training Program: The name and location of where the training program was completed.

Name of Training Program

Address - Street	City	State	Zip Code
------------------	------	-------	----------

I certify under penalty of perjury under the laws of the State of California that all statements given on this form herein are true, and that to the best of my knowledge the training gained by this applicant meets the requirements as required by law. I understand that an application may be denied, or any license disciplined, for fraud or misrepresentation.

Printed Name of Person having Direct Knowledge of Applicant’s Training	Date
--	------

Original Signature of Person having Direct Knowledge of Applicant’s Training	Date
--	------

Telephone Number	Email Address
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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



VERIFICATION OF LICENSE IN ANOTHER STATE

This form must be completed by the licensing agency in each state you hold or held an individual license (e.g. pharmacist, intern pharmacist, pharmacy technician, designated representative, and/or another healthcare professional license) even if the license is no longer current or active. Please return the original state-verified form with your application for each license type. Photocopies or faxes will not be accepted.

Intern hours and licensure earned in another state may be certified by the licensing agency in each state you earned your intern hours or license on this form.

The licensee listed on this form has applied for a 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.

Completed by Licensee _____
 Licensee's Full Name License Number

Completed by the State Licensing Board or Agency Verifying Licensure

Licensure Verification Provided by the State of	License Type and License Number	Issued Date	Expiration Date	Intern Hours Earned in this State under this Intern License

License Status (Please check one) – Active _____ Inactive _____ Other _____ If other, please explain _____

Has this agency taken any disciplinary action against this license? Yes _____ No _____

If disciplinary action has been taken against this licensee, please directly provide this office with the accusation/proposed charges and decision/final order regarding the action.

I hereby certify the information listed above is true and correct.

 Printed Name

Board Seal

 Signature

 Title Date



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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.

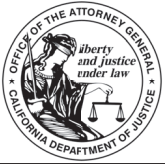
FAILURE TO INCLUDE THE BOARD OF PHARMACY INFORMATION ON THE LIVE SCAN FORM MAY RESULT IN THE INDIVIDUAL HAVING TO COMPLETE THE LIVE SCAN PROCESS AGAIN.

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 "Desig. Rep - Section 4305.5". 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:

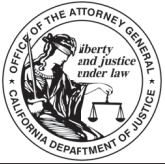
Name of Operator

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



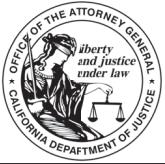
REQUEST FOR LIVE SCAN SERVICE

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)