



PHARMACIST EXAMINATION FOR LICENSURE APPLICATION INSTRUCTIONS

To be licensed in California as a pharmacist, you must pass the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). To be made eligible to sit for the NAPLEX and/or CPJE, the California State Board of Pharmacy (Board) must determine that you have met all the requirements for examination.

HOW LONG WILL IT TAKE TO PROCESS MY APPLICATION?

- Allow the Board 30 days to process your application.
- You will be notified via email if your application is incomplete, or you will receive notification of your eligibility by mail and email. 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.
- If your check has cleared your bank, the Board has received your application.

The Board will mail your initial license application once you have completed all the licensure requirements (passing both NAPLEX and CPJE).

IMPORTANT NAME AND IDENTIFICATION INFORMATION

1. **Full Legal Name:** It is very important that you apply under your full legal name. The Board will make you eligible only under your full legal name of record with the Board (not aliases). Your name of record with the Board is the name you submit on your initial application (whether that is your pharmacy technician, intern pharmacist, or pharmacist examination for licensure application). If you have an intern pharmacist and/or pharmacy technician license, please verify your name of record with the Board prior to submitting your application by visiting the Board's Web site at www.pharmacy.ca.gov and select "License Search". If your full name listed on your identifications that you will present when you sit for the CPJE does NOT match your name of record with the Board, please submit a copy of your identifications with your application to update your name of record with the Board.
2. **Required Identifications to take the CPJE:** At the testing site, you will be required to present **TWO** of the identifications listed below. One of the identifications MUST contain a photo.
 - The two identifications that you choose to present at the testing site must match your full legal name of record with the Board IDENTICALLY letter for letter (this includes middle name vs. middle initial). You will NOT be allowed to sit for the CPJE if your full name does not match identically on both identifications presented at the testing site. Photocopies, temporary identifications, and expired identifications will NOT be accepted. Please check your required identifications NOW to ensure both identifications match letter for letter. If your identifications do not match, the Board encourages you to make the necessary changes NOW to ensure you have sufficient time to receive the correct identifications.

Required Identifications: You must present **TWO** of the following identifications listed below at the testing site and **ONE** of the identifications **MUST** contain a photo. *You cannot present two of the same type of identification at the testing site.*

- US State, Commonwealth, or Territory issued driver's license or identification card (may only present one)
- US government issued passport book or card (may only present one)
- US social security card (cannot be laminated)
- US military-issued identification
- National identity card (English Only)

https://www.pharmacy.ca.gov/forms/exam_id_info.pdf

WHAT MAKES AN APPLICATION COMPLETE

Please review 1-12 to ensure your application is complete before mailing it to the Board.

- If your application is not complete, you will receive a "Deficiency Notice" via email.
- You will not be made eligible to sit for the pharmacist examination(s) until the Board receives and approves the required item(s) identified in your deficiency notice. Failure to complete your application within one year from the date the Board received your application, may result in your application being considered abandoned and withdrawn.

1. APPLICATION FEE IS \$260: Include a check or money order made payable to the California State Board of Pharmacy with your application. The application fee is non-refundable.

2. PHARMACIST EXAMINATION FOR LICENSURE APPLICATION: (17A-1 rev 1/2024): 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 two forms of identification that you will be presenting when you sit for the CPJE prior to completing the application.** The name on each form listed below must be **EXACTLY THE SAME** as the name on your identifications. 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 identifications:
 - ✓ Pharmacist Examination for Licensure 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 your previous names, the board may not locate, match, or verify your documents.
 - ✓ Do you have a pharmacy technician or intern pharmacist license issued in another name? If yes, submit a copy of your identifications 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 school fill out your application.
- Sign and date the application within 60 days of filing the application. No one else can sign it 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 (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):** You are required to disclose your U.S. SSN or ITIN. It must be included on the application and on the Self-Query Report.
- 4. PHOTO:** Attach a NEW passport-style photo to page 1 of the application (2"x2" glossy, colored photo) taken within 60 days of filing the application. Do not submit the same photo submitted with your intern pharmacist 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, or C).
- A. Military Veteran: Have you ever served as an active-duty member of the United States military and been honorably discharged?
- ✓ Please attach a copy of your DD214 with your application.
- B. Active-Duty Military Spouse or Domestic Partners: (The application fee is waived for military spouse applicants who meet the requirements that follow.) If you are 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 you hold a current license in another state, district, or territory of the United States in the profession for which you seek licensure, 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.
- 6. REFUGEE EXPEDITE:** The Board will expedite 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. 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.

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:** To qualify for a pharmacist license, you must complete one of the following to document your education (A or B).

A. Graduate of a School of Pharmacy

- **Transcripts submitted by applicants are not accepted.**
- **Official transcripts must indicate your degree earned and date conferred.**

If you are a graduate from an ACPE accredited college of pharmacy or a school of pharmacy recognized by the Board, please identify on the application if you registered California as your primary state with the National Association of Boards of Pharmacy (NABP) for the North American Pharmacist Licensure Examination (NAPLEX).

Please have your school of pharmacy send the transcripts directly to the Board via one of the following methods:

Method #1

If you graduated **after** 2021 and have registered California as your primary state with NABP to sit for the NAPLEX, the Board will have access to your official transcripts uploaded to NABP by your school. It is your responsibility to communicate to your school if you are designating California as your primary state with NABP. If California is NOT designated as your primary state, you will be required to have your transcripts sent to the Board directly via Method 2 or 3 below.

Method #2

If you graduate **prior** to 2021 or you did NOT register California as your primary state with NABP, please request an official transcript to be mailed directly to the Board by your school. Please have your school send the transcript directly to the Board at the following address:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Method #3

The Board will NOT accept transcripts emailed by the applicant. You may request your school of pharmacy to **directly** email an official transcript electronically to the following email address for consideration: Verify4CABOP@dca.ca.gov

OR

- B. Foreign Graduate of a School of Pharmacy: If you are a graduate of a foreign pharmacy school, please submit a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate issued by the National Association of Boards of Pharmacy (NABP).
- If you are unable to obtain a copy of your FPGEC certificate due to the NABP no longer providing the certificate, you must provide a copy of the email notification from the NABP stating the NABP no longer provides the certificate. In addition, please include your E-Profile number to allow the Board to verify your certification.

- 8. EXAMINATION SECURITY ACKNOWLEDGEMENT (17A-76):** This document MUST be signed with an original wet signature (digital signatures will not be accepted) and dated by the applicant within 60 days of filing the application and be submitted with the application.
- 9. 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). **Currently, the Board will accept an online verification printout from the licensing entity as long as the license verification print out discloses whether or not there is any discipline action against the license.**
- If another state verifies that you have been licensed as a pharmacist for at least one year, you are not required to submit documentation of your intern hours. However, you are required to have experience in both a community and institutional pharmacy setting.
 - If you have not gained experience as an intern pharmacist or a pharmacist in both a community and institutional pharmacy setting, you will need to either apply for an intern pharmacist license in California or earn the experience in the state you currently hold a license.
- 10. SELF-QUERY REPORT:** Include a sealed, original Self-Query Report from the National Practitioner Data Bank (NPDB). It must be dated within 60 days of filing the application.
- Self-Query Reports that have been opened will not be accepted.
 - The name on your Self-Query Report must be **EXACTLY THE SAME** as the name on your application.
 - Your U.S. social security number or ITIN must be listed on your Self-Query Report.
 - To request a Self-Query Report, go to the NPDB's Web site at <http://www.npdb.hrsa.gov/> or the direct link is <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>
 - NPDB's contact number (800) 767-6732 or TDD (703) 802-9395. Their Web site has a fact sheet and answers to frequently asked questions. The Board is not able to assist you with requesting the Self-Query Report. For help, contact the NPDB directly.
 - You must pay the fee directly to NPDB.
 - You must submit a new Self-Query Report even if one was submitted with a previous application.
- 11. PHARMACY INTERN HOURS:** You must qualify under one of the following (A or B).
- A. Graduated January 1, 2016 or After: An applicant for the pharmacist examination who has graduated on or after January 1, 2016 from an ACPE accredited college of pharmacy or school of pharmacy recognized by the Board shall be deemed to have satisfied the pharmacy practice experience requirements and is not required to submit pharmacy intern hours affidavits documenting the 1,500 intern hours. **OR**
- B. Graduated from a Foreign Pharmacy School or Graduated Prior to January 1, 2016: An applicant for the pharmacist examination who has graduated from a foreign pharmacy school and submitted a copy of his/her FPGEC certificate **or** who has graduated from an ACPE accredited college of pharmacy or school of pharmacy recognized by the board **prior** to January 1, 2016, must complete and provide documentation of 1,500 hours of pharmacy practice experience as an intern pharmacist, unless licensed as a pharmacist for at least one year in another state.

A total of 1,500 intern hours is required but does not have to be obtained in one pharmacy location. There is not a set number of hours that must be earned in a community or institutional setting. Only that you must have earned experience in both totaling 1,500 hours. Intern hours must be earned in the

United States. You must submit Pharmacy Intern Hours Affidavit form(s) (17A-29) documenting you have experience in both community and institutional pharmacy practice settings.

California Community Pharmacies include:

1. Retail/Government-Owned Retail – Outpatient pharmacy only. License type should be PHY/PHE. A job duty statement is not required.

California Institutional Pharmacies may include:

1. Hospital/Government-Owned Hospitals (Inpatient only). License type HSP or HPE. A job duty statement is not required.
2. Licensed Correctional facility. License type LCF. A job duty statement outlining your position duties at that location must be included and signed by the supervising pharmacist or pharmacist-in-charge for consideration of institutional experience.
3. Closed-Door Pharmacies serving exclusively a hospital, long-term care facility/skilled nursing facility, nursing home, or similar healthcare facility. A job duty statement outlining your position duties at that location must be included and signed by the supervising pharmacist or pharmacist-in-charge for consideration of institutional experience.

To better facilitate the Board's review process and prevent potential delays, job duty statements should include the following information:

- (1) the applicant's position title and a detailed description of the applicant's position duties
- (2) a description of the pharmacy and the services that it offers (including whether the pharmacy is closed-door if licensed under the PHY or PHE license type)
- (3) the pharmacy's name, address, and license number
- (4) the signing pharmacist's name, contact information, and license number. All job duty statements must be signed with an original wet signature (digital signatures will not be acceptable) by the supervising pharmacist or pharmacist-in-charge.

Documentation of 1,500 Intern Hours

- ✓ Intern hours earned in California must be completed on the Pharmacy Intern Hours Affidavit form (17A-29). The affidavit must have an original signature and be submitted with the application. Please submit a separate form for each pharmacy location.
- ✓ Intern hours obtained in another state may be submitted to the Board on one of the following forms:
 - Verification of License in Another State form (17A-16). If you hold or have previously held an intern pharmacist and/or pharmacy technician license in another state, this form must be completed and submitted to the Board for each out-of-state license. If the licensing agency in the state where the intern hours were obtained will transfer your intern hours to California, you may request that licensing agency to certify the number of intern hours on this form. Not all state licensing agencies will transfer intern hours to another state. Please contact the state licensing agency directly to verify if they will transfer your intern hours to California.

OR

If the state licensing agency will not transfer your intern hours to California, you are still required to submit proof of your intern hours on the Pharmacy Intern Hours Affidavit form (17A-29), documenting 1,500 hours of pharmacy practice experience as an intern pharmacist. Documentation of intern hours obtained in another state does not replace a license verification from that state submitted on the Verification of License in Another State form (17A-16).

12. FINGERPRINTS:

- 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).

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

A. California Resident: Attach a copy of your completed Live Scan receipt. The receipt shows you completed the Live Scan.

- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>.
- Live Scan operators can make mistakes. Be proactive; make sure everything the operator keys into their computer is correct before the operator transmits your prints to the Department of Justice.

Make sure the following information is correct when you complete your Live Scan:

- **Type of License/Certification/Permit or Working Title:** Pharmacist – Section 4050
- **Full Name:** Must be EXACTLY THE SAME as the name on your state issued driver's license or state issued identification card. (Jr., II, etc., must be included). It must also be EXACTLY THE SAME as the name on your application and your Self-Query Report.
- **Date of Birth:** Must be correct.
- **Social Security Number:** 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: You may visit California and complete Live Scan. If you cannot, then you must submit two rolled fingerprint cards with your application.

- You must use fingerprint cards from the California Board of Pharmacy.
- Request fingerprint cards through the Board's online services at https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php or email rxforms@dca.ca.gov.
- Fee: Include the fingerprint card processing fee of \$49 (\$32 DOJ and \$17 FBI), made payable to the Board of Pharmacy.

- You can send one check or money order for both the application processing fee and fingerprint card processing fee.
- Print legibly or type your personal information on the fingerprint cards. If your personal information is not legible and DOJ enters your information incorrectly, you will be responsible to submit new fingerprint cards and pay the \$49 fingerprint card processing fee again.
- 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 about six weeks longer than Live Scan.
- Poor quality prints will be rejected and will cause delay because new fingerprint cards will be required.

EXAMINATION INFORMATION

CPJE: The CPJE is the California state pharmacist examination. Once the Board has made you eligible to sit for this examination, you may contact PSI to schedule. The Board will email you and mail your eligibility notice. Please allow up to two weeks for PSI to mail you a Candidate Information Bulletin. The Board encourages you to read the entire handbook for important information relating to the examination process. For information on CPJE dates and how to schedule for the examination, please visit the Board's website at <https://www.pharmacy.ca.gov/applicants/rph.shtml>.

The CPJE is administered by PSI. There is an administration fee that you will pay directly to PSI for the test administration services before you will be able to schedule your test date for the CPJE. DO NOT send this fee to the Board of Pharmacy.

Periodically, the Board performs quality assurance assessments of the CPJE. These assessments delay the release time of the CPJE results. If an assessment is underway, information will be posted on the Board's website at www.pharmacy.ca.gov informing applicants of the assessment and delay in receiving results. The Board makes every effort to complete the assessment as quickly as possible.

NAPLEX: The NAPLEX is the national pharmacist examination, and you may take this examination with California as your primary state or with another state as your primary state. You may take the NAPLEX after you apply to your primary state and have been made eligible by that state.

Visit the National Association of Boards of Pharmacy (NABP) Web site at <http://www.nabp.pharmacy/> for information on how to register for the NAPLEX. Download the NAPLEX/MPJE Bulletin from the NABP Web site. You must register on-line and pay the NAPLEX fee DIRECTLY to the NABP.

If California is your Primary State:

The Board recommends you register with the NABP simultaneously when submitting this application to the Board or after the Board has made you eligible to take the pharmacist examination. **If you choose to register for the NAPLEX after the Board has made you eligible for the examination, please email the Board the date you registered with the NABP for the NAPLEX at intern-examstatus@dca.ca.gov to approve your eligibility with the NABP.**

Once the Board has approved your eligibility with the NABP, the NABP will email you notification of your Authorization-To-Test (ATT) letter. At this point, you will be able to schedule the location, date, and time

for your NAPLEX exam. Requirements and specifications for the NAPLEX are available in the NAPLEX/MPJE Bulletin.

If another state is your Primary State:

Licensure Transfer Application - If another state is your primary state for the NAPLEX and you are licensed in another state, you will need to request a licensure transfer application through the NABP. Please visit the NABP Web site at <http://www.nabp.pharmacy/> for the instructions on how to complete the licensure transfer application. The Board recommends completing the license transfer application with the NABP simultaneously when submitting this application to the Board or after the Board has made you eligible to take the pharmacist examination. **If you choose to complete the license transfer application after eligibility has been granted, please email the Board at intern-examstatus@dca.ca.gov to allow the Board to process the license transfer application with the NABP.**

OR

Score Transfer – At the time of sitting for the NAPLEX or within 90 days of sitting for the NAPLEX, you can designate California as a score transfer state. **If you sit for the NAPLEX and request a score transfer with the NABP after submitting your pharmacist examination for licensure application to the Board, please email the board at intern-examstatus@dca.ca.gov once the NABP has processed your score transfer request.** The Board cannot retrieve your NAPLEX score until the NABP has processed your score transfer request. Please do not notify the Board of your score transfer until after your pharmacist examination for licensure application has been submitted to the Board.

ADDITIONAL EXAMINATION INFORMATION

- The NAPLEX and CPJE examinations are administered via computer.
- The CPJE approved test dates are available on the Board's website.
https://www.pharmacy.ca.gov/applicants/cpje_test_dates.shtml
- Testing centers for both examinations are available nationwide and, in most cases, are open six days a week, excluding holidays.
- You may take the NAPLEX and CPJE in any order. You will have one year to sit for the examination(s) from the date of the Board's eligibility letter. Examination results for both exams will be mailed to you by the Board.
- The Board releases examination results only after validating those results are psychometrically sound pursuant to Business and Professions Code section 139.
- If you do not pass either examination, you will need to submit a Retake Application (17A-1A) to the Board. You will not be allowed to sit for either examination until it has been 45 days from the date of your last examination.
- If you do not pass the NAPLEX and California is designated as a score transfer state, you will need to submit a Retake Application (17A-1A) to the Board.
- Applicants who do not pass the CPJE or the NAPLEX after four attempts are not eligible to take additional examinations until compliance with section 4200.1 of the Business and Professions Code, which specifies completion of at least 16 semester units of education in pharmacy. Please visit the Board's website at https://www.pharmacy.ca.gov/forms/4x_fail_law_2011.pdf for additional information regarding four time fails.
- The NAPLEX and CPJE are separate examinations. If you fail one examination and pass the other, you must reapply and take only the examination that you did not pass. If you fail the NAPLEX, you must reapply with the NABP and pay the necessary fees in order to retake the exam as well as submit a Retake Application (17A-1A) to the Board. If you fail the CPJE, you must reapply with the Board by submitting a Retake Application (17A-1A) and paying the required CPJE fee.

- If it has been over one year since the Board has made you eligible to sit for the examination(s), you must submit a new pharmacist examination for licensure application (17A-1).
- For information on “How long are my CPJE and NAPLEX results valid?”, please visit the Board’s website at <https://www.pharmacy.ca.gov/applicants/rph.shtml> for information on the timeframe of the occupational analysis for the CPJE and NAPLEX. Effective January 1, 2020, Business and Professions Code section 4200(a)(6) was amended to define the examination parameters.

REASONABLE ACCOMMODATIONS

The Board provides qualified applicants with testing accommodations for the CPJE as described below. All requests for accommodation must be received 30 days before scheduling an examination. Please visit the NABP’s website at <https://nabp.pharmacy> for information on reasonable accommodation for the NAPLEX.

The Board will not provide accommodations at the examination site without prior approval.

The California State Board of Pharmacy recognizes its responsibilities under Title II of the Americans with Disabilities Act to provide reasonable accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the Board will not provide an accommodation which fundamentally alters the measurement of the knowledge or skills the examination is intended to test, compromises examination security, or creates an undue financial and administrative burden. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent allowed by law.

Reasonable accommodations may be requested by submitting the [Request for Accommodation of Disabilities \(form 17A-78\)](#) located on the Board’s website. Examination sites are physically accessible to individuals with disabilities.



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



PHARMACIST EXAMINATION FOR LICENSURE 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.

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** (Are you serving in the United States military?)

MILITARY EXPEDITE (Please check one of the following, if applicable)

_____ **Veteran** (Have you served as an active duty member of the United States military and been honorably discharged?)

_____ **Active Duty Military Spouse or Domestic Partner** (Are you 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 do you hold a current license in another state, district, or territory of the United States in the profession for which you seek licensure?)

REFUGEE EXPEDITE (Please check one of the following, if applicable)

_____ Refugee pursuant to section 1157 of title 8 of the United States Code;

_____ 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,

_____ 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.

_____ **RESIDENCY PROGRAM** (Check if accepted into a residency program. Please provide a copy of your acceptance letter.)

Applicant Information (Please Print or Type)

_____ Full Legal Name - Last Name Suffix First Name Middle Name

_____ 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

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

THIS SECTION IS FOR BOARD USE ONLY

App Fee: _____ Enf. Check: _____ Photo: _____ Exam Sec: _____ Transcript: _____ FPGE: _____ SQ: _____	Qualify Code: _____	EXAM HISTORY			CASHIERING ONLY	
	School Code: _____	Date	NAPLEX	CPJE	Receipt #:	
	Intern Hours: _____				Date	
	FP Card/Fee: _____				Cashiered:	
	DOJ Date _____				Amount:	
	FBI Date _____					
		Licensure Verification				

Pharmacist Education (In addition to completing 1, check 2 OR 3 below.)

1. Name of University, College,

or Recognized School of Pharmacy	Country	Degree	Date of Degree Earned

2. Graduate from an ACPE accredited college of pharmacy or a school of pharmacy recognized by the Board. Is California identified as your primary state with the National Association of Boards of Pharmacy (NABP) for the North American Pharmacist Licensure Examination (NAPLEX)?

Yes If Yes, and you graduated after 2021, the Board will have access to your official transcripts uploaded to NABP ONLY if you are registered with California as your primary state.

No If No, request an official transcript to be sent directly to the Board by your school. The official transcript must indicate your degree earned and date conferred.

3. Foreign Graduate of a School of Pharmacy Is a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate issued by the National Association of Boards of Pharmacy (NABP) or an email notification from the NABP stating the NABP no longer provides certificate including your E-Profile number to allow the Board to verify your certification included?

Yes **No**

License Information List all state(s) where you are or have previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional, including California.

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

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

1. Have you obtained a minimum of 900 hours of pharmacy practice experience in a pharmacy as an intern pharmacist or pharmacist as required by Title 16 California Code of Regulations section 1728?

Yes No If No, please attach an explanation listing the experience you have obtained.

2. Have you completed experience in both community and institutional pharmacy practice settings as required by Title 16 California Code of Regulations section 1728?

Yes No If No, please attach an explanation as to the reason you have not completed this experience.

3. Have you ever been licensed as a pharmacist in California?

Yes No If Yes, provide California pharmacist license number: _____

4. California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) for Pharmacists

A. Have you taken the California pharmacist licensure exam prior to January 1, 2004 (when it was a multiple-choice and short answer/essay exam)?

Yes No If Yes, provide the exam date(s): _____

B. Have you taken the CPJE on or after January 1, 2004? (If yes, answer a. through c. below.)

Yes No If Yes, provide the exam date(s): _____

- a. Have you passed the CPJE?
Yes ___ No ___ If Yes, provide the exam date: _____
- b. Have you previously taken the CPJE and the results were withheld?
Yes ___ No ___ If Yes, provide the exam date: _____
- c. Have you ever been expelled from the CPJE exam site?
Yes ___ No ___ If Yes, provide the exam date: _____

C. Have you ever applied for and not taken the CPJE?
Yes ___ No ___ If Yes, provide eligibility date(s): _____

5. North American Pharmacist Licensure Examination (NAPLEX)

List your NABP E-Profile Number _____

A. Have you taken the NAPLEX prior to January 1, 2004?
Yes ___ No ___ If Yes, provide the exam date(s) and primary state(s): _____

B. Have you taken the NAPLEX on or after January 1, 2004? (If yes, answer a. through d. below.)
Yes ___ No ___ If Yes, provide the exam date(s) and primary state(s): _____

- a. Have you failed the NAPLEX?
Yes ___ No ___ If Yes, provide the exam date(s) and primary state(s): _____

- b. Have you passed the NAPLEX?
Yes ___ No ___ If Yes, provide the exam date and primary state: _____

- c. Have you previously taken the NAPLEX and the results were withheld?
Yes ___ No ___ If Yes, provide the date and primary state: _____

- d. Have you ever been expelled from the NAPLEX?
Yes ___ No ___ If Yes, provide the date and primary state: _____

C. Have you ever applied for and not taken the NAPLEX?
Yes ___ No ___ If Yes, provide eligibility date(s): _____

NAPLEX Registration with NABP

D. Are you currently registered with the NABP to sit for the NAPLEX with California designated as your primary state?
Yes ___ No ___ **If No, this may delay your eligibility approval with the NABP.** The Board strongly recommends that you register for the NAPLEX with the NABP at the time of submitting this pharmacist examination for licensure application to the Board.

E. Are you currently registered with the NABP to sit for the NAPLEX with another state as your primary state?
Yes ___ No ___ If Yes, list primary state: _____

Please note: You will need to contact the NABP to transfer your score to California. It is your responsibility to notify the Board once the NABP has processed your score transfer request.

- a. If you have taken the NAPLEX and designated another state as your primary state, please identify how you requested NABP to notify California of your results:

____ Score Transfer

____ Licensure Transfer Application

Please note: The California State Board of Pharmacy will **be unable to retrieve your NAPLEX score(s)** until the Board has deemed your application complete and your eligibility to test has been granted. If you have not requested a Score Transfer or completed a Licensure Transfer Application, you will need to contact NABP directly to submit a transfer request to California. It is your responsibility to notify the Board once the NABP has processed your score or license transfer request. The Board requires all NAPLEX score(s) to be transferred to California.

6. Ownership Information

- A. 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, clinic or any other entity licensed in any state, territory, foreign country, or other jurisdiction?

Yes ____ No ____ **If Yes, attach a statement of explanation including company name, type of license, license number, and identify the state, territory, foreign country, or other jurisdiction where licensed.**

7. 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 ____

- 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 the license or registration?

Yes ____ No ____

- 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 ____

8. 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 8 (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.**

Reminders:

- Include a sealed, original Self-Query Report from the National Practitioner Data Bank (NPDB). It must be dated within 60 days of filing the application. A separate Self-Query Report is required for each individual license application submitted to the Board.
- If your names on your required identifications as specified in the application instructions do not match identically; the testing site will NOT allow you to sit for the CPJE.
https://www.pharmacy.ca.gov/forms/exam_id_info.pdf

APPLICANT AFFIDAVIT

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. **Any application not completed within one year 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 the requirements that are in effect at the time of application. Fees applied to this application are not transferable or refundable.**

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.

APPLICANT AFFIDAVIT
(The application must be signed 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 (Electronic signatures are not accepted.)
(Please sign and date within 60 days of Board receipt of the application)

Date

- **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, which 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.



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 Department of Consumer Affairs
 Gavin Newsom, Governor



EXAMINATION SECURITY ACKNOWLEDGEMENT

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

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

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

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

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

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

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

I hereby acknowledge that I have read the above statement.

 Name of Candidate Printed

 Original Signature of Candidate

 Date



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Pharmacy Intern Hours Affidavit

This affidavit must be completed by the supervising pharmacist or pharmacist-in-charge at the community or institutional pharmacy while the intern pharmacist obtained the experience. The affidavit cannot be completed prior to the last day worked. Original affidavits are required. Any changes must be initialed by the supervising pharmacist or pharmacist-in-charge. All dates must include the month, day, and year for the form to be accepted.

Type of Pharmacy (Please check one)

Community Pharmacy

Institutional Pharmacy

_____ Intern License Number _____ Date Issued _____ Expiration Date

_____ Pharmacy License Number

_____ City _____ State _____ Zip Code

_____ Contact Phone _____ Pharmacist License _____ State Licensed
 Pharmacist-in-charge _____ Number _____ Number

The applicant listed above was employed or volunteered as an intern pharmacist during the time set forth as follows:

From: _____ To: _____
 (month/day/year) (month/day/year)

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

_____ Number of hours of pharmacy practice experience obtained in a pharmacy.

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

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

_____ Original Pharmacist's Signature

_____ Date



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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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Business and Professions Code section 4200. Pharmacist License Requirements: Age; Education; Experience; Examination; Proof of Qualifications; Fees

(a) The board may license as a pharmacist an applicant who meets all the following requirements:

- (1) Is at least 18 years of age.
 - (2) (A) Has graduated from a college of pharmacy or department of pharmacy of a university recognized by the board; or
(B) If the applicant graduated from a foreign pharmacy school, the foreign-educated applicant has been certified by the Foreign Pharmacy Graduate Examination Committee.
 - (3) Has completed at least 150 semester units of collegiate study in the United States, or the equivalent thereof in a foreign country. No less than 90 of those semester units shall have been completed while in resident attendance at a school or college of pharmacy.
 - (4) Has earned at least a baccalaureate degree in a course of study devoted to the practice of pharmacy.
 - (5) Has completed 1,500 hours of pharmacy practice experience or the equivalent in accordance with Section 4209.
 - (6) Has passed a version of the California Practice Standards and Jurisprudence Examination for Pharmacists that, at the time of application for licensure, was based on an occupational analysis that is either current or that was replaced by another occupational analysis no more than one year before the application for licensure and the applicant meets either of the following requirements:
 - (A) Has passed the North American Pharmacist Licensure Examination on or after January 1, 2004 and holds an active pharmacist license in another state or territory of the United States.
 - (B) Has passed the North American Pharmacist Licensure Examination that, at the time of application for licensure, was based on an occupational analysis that is either current or that was replaced by another occupational analysis no more than one year before the application for licensure.
- (b) Proof of the qualifications of an applicant for licensure as a pharmacist shall be made to the satisfaction of the board and shall be substantiated by affidavits or other evidence as may be required by the board.
- (c) Each person, upon application for licensure as a pharmacist under this chapter, shall pay to the executive officer of the board the fees provided by this chapter. The fees shall be compensation to the board for investigation or examination of the applicant.
- (Amended by Stats. 2019, Ch. 213, Sec. 3. (SB 655) Effective January 1, 2020.)

Effective January 1, 2016, Section 4209 of the Business and Professions Code is amended to read:

- (a) (1) An intern pharmacist shall complete 1,500 hours of pharmacy practice experience before applying for the pharmacist licensure examination.
 - (2) This pharmacy practice experience shall comply with the Standards of Curriculum established by the Accreditation Council for Pharmacy Education (ACPE) or with regulations adopted by the board.
 - (3) This pharmacy practice experience shall include 900 hours of pharmacy practice experience in a pharmacy as a pharmacist and shall include pharmacy practice experience in both a community and institutional pharmacy practice setting.
- (b) An intern pharmacist shall submit proof of his or her pharmacy practice experience on board-approved affidavits, or another form specified by the board, which shall be certified under penalty of perjury by a pharmacist under whose supervision such the experience was obtained or by the pharmacist-in-charge at the pharmacy while the pharmacist intern obtained the experience. Intern hours Pharmacy practice experience

earned in another state may be certified by the licensing agency of that state to document proof of those hours.

(c) An applicant for the examination who has been licensed as a pharmacist in any state for at least one year, as certified by the licensing agency of that state, may submit this certification to satisfy the required 1,500 hours of intern pharmacy practice experience, provided that the applicant has obtained a minimum of 900 hours of pharmacy practice experience in a pharmacy as a pharmacist and has pharmacy practice experience in both a community and institutional pharmacy practice setting. Certification of an applicant's licensure in another state shall be submitted in writing and signed, under oath, by a duly authorized official of the state in which the license is held.

(d) An applicant for the examination who has graduated after January 1, 2016, from an ACPE accredited college of pharmacy or school of pharmacy recognized by the board shall be deemed to have satisfied the pharmacy practice experience requirements specified in subdivisions (a) and (b).

Title 16, California Code of Regulations section 1728. Requirements for Examination.

(a) Prior to receiving authorization from the board to take the pharmacist licensure examinations required by section 4200 of the Business and Professions Code, applicants shall submit to the board the following:

(1) Proof of 1500 hours of pharmacy practice experience that meets the following requirements:

(A) A minimum of 900 hours of pharmacy practice experience obtained in a pharmacy.

(B) A maximum of 600 hours of pharmacy practice experience may be granted at the discretion of the board for other experience substantially related to the practice of pharmacy.

(C) Experience in both community pharmacy and institutional pharmacy practice settings.

(D) Pharmacy practice experience that satisfies the requirements for both introductory and advanced pharmacy practice experiences established by the Accreditation Council for Pharmacy Education.

(2) Satisfactory proof that the applicant graduated from a recognized school of pharmacy.

(3) Fingerprints to obtain criminal history information from both the Department of Justice and the United States Federal Bureau of Investigation pursuant to Business and Professions Code section 144.

(4) A signed copy of the examination security acknowledgment.

(b) Applicants who hold or held a pharmacist license in another state shall provide a current license verification from each state in which the applicant holds or held a pharmacist license prior to being authorized by the board to take the examinations.

(c) Applicants who graduated from a foreign school of pharmacy shall provide the board with satisfactory proof of certification by the Foreign Pharmacy Graduate Examination Committee prior to being authorized by the board to take the examinations.

Authority cited: Sections 851, and 4005, Business and Professions Code. Reference: Sections 144, 851, and 4200, Business and Professions Code.

Business and Professions Code section 4200.1 Multiple Failures of License Examination; Additional Education Requirements

(a) Notwithstanding Section 135, an applicant may take the North American Pharmacist Licensure Examination four times, and may take the California Practice Standards and Jurisprudence Examination for Pharmacists four times.

(b) Notwithstanding Section 135, an applicant may take the North American Pharmacist Licensure Examination and the California Practice Standards and Jurisprudence Examination for Pharmacists four additional times each if he or she successfully completes, at minimum, 16 additional semester units of education in pharmacy as approved by the board.

(c) The applicant shall comply with the requirements of Section 4200 for each application for reexamination made pursuant to subdivision (b).

(d) An applicant may use the same coursework to satisfy the additional educational requirement for each examination under subdivision (b), if the coursework was completed within 12 months of the date of his or her application for reexamination.

(e) For purposes of this section, the board shall treat each failing score on the pharmacist licensure examination administered by the board prior to January 1, 2004, as a failing score on both the North American Pharmacist Licensure Examination and the California Practice Standards and Jurisprudence Examination for Pharmacists.

Title 16, California Code of Regulations section 1725. Acceptable Pharmacy Coursework for Examination Candidates with Four Failed Attempts.

(a) Coursework that meets the requirements of section 4200.1 of the Business and Professions Code is any pharmacy coursework offered by a recognized school of pharmacy.

(b) A final examination must be a part of the course of study.

(c) When a candidate applies for reexamination after four failed attempts, he or she shall furnish evidence of successful completion of at least 16 semester units or the equivalent of pharmacy coursework. Evidence of successful completion must be posted on a transcript from the pharmacy school sent directly to the board.

Authority cited: Section 4005, Business and Professions Code. Reference: Section 4200.1, Business and Professions Code.



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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 "Pharmacist - Section 4050". 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:

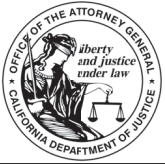
Name of Operator

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)