



## California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

## APPLICATION INSTRUCTIONS FOR PHARMACY TECHNICIAN LICENSE

YOU MUST SATISFY ALL REQUIREMENTS FOR LICENSURE AT THE TIME OF SUBMITTING THE APPLICATION.

### APPLICATION PROCESSING TIMEFRAME

- Please allow the board 60 days to process your application. The board will mail you a deficiency letter if your application is incomplete.
- Due to current workload the board will not be able to respond to status checks on your application unless your application has been on file for over 90 days.
- You may wish to confirm with your bank if your check has been processed as verification the board received your application.
- To verify if your license has been issued, please visit the board's website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov) under "Verify a License", as the processing time to receive your license wallet certificate is 4-6 weeks from the date the license is issued.

### APPLICATION INSTRUCTIONS

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

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

### QUALIFYING METHOD

To be licensed as a pharmacy technician in California, you must qualify under A, B, or C as listed below and be a high school graduate or possess a general educational development (GED) certificate:

- A. If you are qualifying by one of the following methods, the Affidavit of Completed Coursework or Graduation for Pharmacy Technician (page 4 of the application) must be submitted with your application.
  - An Associate Degree in Pharmacy Technology;
  - Any other course that provides a minimum of 240 hours of instruction as specified in Title 16 California Code of Regulation section 1793.6(c);
  - A training course accredited by the American Society of Health-System Pharmacists (ASHP); or
  - Graduation from a school of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE).
- B. If you are certified by the Pharmacy Technician Certification Board (PTCB), you must submit a certified true copy of your PTCB certificate or the original certificate **with your application**. (A certified true copy is a copy that has been certified or notarized as a true copy.)
- C. If you are qualifying by training provided by a branch of the federal armed services, you must submit a copy of your DD214 **with your application**.

# APPLICATION INSTRUCTIONS FOR PHARMACY TECHNICIAN LICENSE

## WHAT MAKES AN APPLICATION COMPLETE

Please use the checklist to assist you in ensuring your application is complete prior to submitting your application to the board. If your application is incomplete, the board will notify you of any deficiencies. Failure to complete your application within 60 days after being notified by the board of any deficiencies will result in your application being deemed abandoned and you will be required to file a new application and meet all of the requirements in effect at the time of reapplication.

- APPLICATION FEE \$80:** Submit a check, money order, or cashier's check in the amount of \$80 made payable to the Board of Pharmacy with your application. The application fee is non-refundable.
- APPLICATION FOR A PHARMACY TECHNICIAN LICENSE** (form 17A-5 (rev. 01.11)): The application must be complete in its entirety. Failure to do so will result in an incomplete application and a deficiency letter being mailed to you. A passport style photo (2"x2") must be taken within 60 days of filing the application and must be attached to the front of the application. (Scanned images, Polaroid, and black-and-white pictures are not accepted.) You need to complete, sign, and date the application. Do not allow your school to complete page 1, 2, and 3 of the application.
- MANDATORY EDUCATION:** Business and Professions Code section 4202 requires a person applying for a pharmacy technician license to be a high school graduate or possess a general education development (GED) certificate. You are required to provide a certified copy of one of the following with your application:

### High School Graduate

- A certified copy of your high school academic record (transcript) in which you graduated. To obtain a copy of your high school transcript, please contact your high school or its school district office. Your high school academic record (transcript) must indicate a graduation date.
- or
- A certified copy of an official "Certificate of Proficiency" documenting that you have passed the California High School Proficiency Examination (CHSPE) as required in the California Education Code Section 48412. To request your "Certificate of Proficiency", please contact the Sacramento County Office of Education 866-342-4773.
- or
- A copy of your foreign secondary school diploma or certificate AND a certified copy of your foreign secondary school diploma or certificate provided in the English language or translated into English. (Business and Professions Code §11).

### General Educational Development (GED)

- A certified copy of an official transcript of your General Educational Development (GED) test results. GED test results will only be accepted as official if they are earned through an official GED Testing Center that is authorized by the State GED Office of the California Department of Education and the GED Testing Service of the American Council on Education. The contact information to request your GED transcripts is available on the California Department of Education's website at <http://www.cde.ca.gov/ta/tg/gd/gedcopies.asp> or call 866-370-4740. If you obtained your GED in another state, you will need to request an official transcript of your GED test results from the agency in that state.
- QUALIFYING DOCUMENTATION:** You are required to include with your application the Affidavit of Completed Coursework or Graduation for Pharmacy Technician (page 4 of the application), a certified copy or original certificate of your PTCB certification, or a

## APPLICATION INSTRUCTIONS FOR PHARMACY TECHNICIAN LICENSE

copy of your military training DD214. Reference page 1 of the instructions to determine which document to provide based on how you are qualifying.

- **PRACTITIONER SELF-QUERY REPORT:** You are required to provide a sealed original Self-Query Report from the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank (NPDB-HIPDB). It is your responsibility to attach the sealed original NPDB-HIPDB Self-Query Report to your application. Title 16 California Code of Regulation §1793.5(a)(4) specifies a sealed, original Self-Query Report from the National Practitioner Data Bank - Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) dated no earlier than 60 days of the date an application is submitted to the board. Please note: the application requires the Self-Query Report to remain in a sealed envelope.

In accordance with Title 16 California Code of Regulations §1793.5, all applicants must submit a NPDB-HIPDB Self-Query Report as part of the initial application for licensure. The instructions to request a Self-Query Report are available at NPDB-HIPDB's website: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov). The website includes a Fact Sheet on self-querying, as well as Frequently Asked Questions to assist you in requesting a report.

- Practitioner Self-Query Report requests are required to be submitted through NPDB-HIPDB website <http://www.npdb-hipdb.hrsa.gov>. NPDB-HIPDB provides a toll-free number for individuals who do not have access to the Internet.
- Practitioners are required to pay a total charge of \$16.00 directly to NPDB-HIPDB.
- Practitioners are required to mail to NPDB-HIPDB a notarized copy of the Self-Query request to a specified address. This copy can be printed, which the practitioner prints out after filling the form out on-line.
- NPDB-HIPDB provides a dispute process for a practitioner that wish to submit a statement or dispute to a report.
- The board is unable to assist you with the Self-Query process. Please contact NPDB-HIPDB Customer Service Center at (800) 767-6732 – TDD (703) 802-9395.

- **FINGERPRINTS:** All applicants are required to have their fingerprints processed via Live Scan if you reside in California. If you reside outside of California and are unable to visit California to do the Live Scan, then you must have your fingerprints processed on the Board of Pharmacy issued fingerprint cards. DO NOT complete the Live Scan or fingerprint cards until you are ready to submit your application. The board will only accept current fingerprint responses from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Detailed instructions for completing your fingerprints are provided below. Submit either A or B below with your application.

**A. Completed Live Scan receipt**, showing fingerprint submission information.

**OR**

**B. Completed fingerprint cards** along with the additional \$49 fingerprint processing fee. Submit the fingerprint card processing fee with the application fee when submitting your application to the board.

### FINGERPRINT SUBMISSION INSTRUCTIONS

The board requires the applicant to have their fingerprints submitted at the time a pharmacy technician application is submitted to the board regardless of any prior fingerprint submission for other applications with the board.

## APPLICATION INSTRUCTIONS FOR PHARMACY TECHNICIAN LICENSE

- A. CALIFORNIA RESIDENT:** Complete a Live Scan Request form and take three copies to a Live Scan site for fingerprint scanning. Please refer to the instructions for completing a "Request for Live Scan Service" in this application package. The lower portion of the Live Scan Requests form must be completed by the Live Scan operator verifying that your prints have been paid. Attach a completed copy of the Live Scan form to with your application. This is your Live Scan receipt.

Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice Web site at:

<http://ag.ca.gov/fingerprints/publications/contact.p@>

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

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

- The Live Scan operator selects BOTH the **DOJ and FBI** prior to submitting the request. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07; if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.
- Verify on the Live Scan operator's computer that the below information has been typed correctly prior to submission.
  - **Full Name** is spelled correctly and matches your identification (Jr., II, etc must be included in the name). Your name must match your full name on your application.
  - **Date of Birth** is correct
  - **US Social Security Number** is MANDATORY and is correct.
  - **Type of License/Certification/Permit or Working Title** needs to be entered as: Pharmacy Tech-Sect 4015

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

- B. NON-CALIFORNIA RESIDENTS:** If you reside outside California, you must submit rolled fingerprints with your application on Board of Pharmacy fingerprint cards along with a fingerprint card processing fee of \$49 made payable to the Board of Pharmacy (\$32 DOJ fee and \$17 FBI fee). You may contact the board to request the fingerprint cards at (916) 574-7900 or email your request to [rxforms@dca.ca.gov](mailto:rxforms@dca.ca.gov).

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



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NOTICE: Effective July 1, 2012, 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 the state tax obligation is not paid.

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**PHARMACY TECHNICIAN APPLICATION**

All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in an incomplete application and a deficiency letter being mailed to you. Please read all the instructions prior to completing this application. **Page 1, 2, and 3 of the application must be completed and signed by the applicant.** All questions on this application must be answered. If not applicable indicate N/A. Attach additional sheets on paper if necessary.

**Applicant Information – Please Type or Print**

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

**Mandatory Education (check one box)**

Please indicate how you satisfy the mandatory education requirement in Business and Professions Code Section 4202(a).

High school graduate or foreign equivalent.

Attach a certified 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 (GED)

Attach an official transcript or your GED test results.

TAPE A COLOR PASSPORT STYLE PHOTOGRAPH (2"X2") TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION  
**NO POLAROID**  
**OR**  
**SCANNED IMAGES**  
PHOTO MUST BE ON PHOTO QUALITY PAPER

**Pharmacy Technician Qualifying Method (check one box)**

Please check one of the boxes below indicating how you qualify in order to apply for a pharmacy technician license pursuant to Section 4202(a)(1), (2), (3) or (4) of the Business and Professions Code or Title 16 California Code of Regulations Section 1793.6(a), (b) or (c).

Attached Affidavit of Completed Coursework or Graduation for: Associate degree in Pharmacy Technology, Training Course, or Graduate of a school of pharmacy

Attached is a certified copy of PTCB certificate – Date certified: \_\_\_\_\_

Attached is a copy of your military training DD214.

**Self-Query Report by the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank (NPDB-HIPDB)**

Attached is the sealed envelope containing my Self-Query Report from the NPDB-HIPDB. (This must be submitted with your application.)

**FOR BOARD USE ONLY**

Photo <input type="checkbox"/>	FP Cards/Live Scan <input type="checkbox"/>	License no. _____	App fee no. _____
Enf 1 <sup>st</sup> Check <input type="checkbox"/>	FP Cards Sent _____	Date issued _____	Amount _____
Enf 2 <sup>nd</sup> Check <input type="checkbox"/>	FP Fees <input type="checkbox"/>	Date expires _____	Date cashiered _____
Qualify Code _____	DOJ Clear Date: _____		
HIPDB <input type="checkbox"/>	FBI Clear Date: _____		

**You must provide a written explanation for all affirmative answers indicated below. Failure to do so may result in this application being deemed incomplete and being withdrawn.**

<p>1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health or safety risks?  <b>If “yes,” attach a statement of explanation. If “no,” proceed to #2.</b>                  Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program?  <b>If “yes,” attach a statement of explanation.</b></p> <p>If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for license.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>																																
<p>2. Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances?</p> <p>If “yes,” are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Attach a statement of explanation.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																
<p>3. Has disciplinary action ever been taken against your pharmacist license, intern permit or technician license in this state or any other state?  <b>If “yes,” attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																
<p>4. Have you ever had an application for a pharmacist license, intern permit or technician license denied in this state or any other state?  <b>If “yes,” attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																
<p>5. Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied or disciplined by a government authority in this state or any other state? <b>If “yes,” provide the name of company, type of permit, type of action, year of action and state.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																
<p>6. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator or medical director on a permit to conduct a pharmacy, wholesaler, medical device retailer or any other entity licensed in this state or any other state? If yes, provide company name, type of permit, permit number and state where licensed.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																
<p>7. Have you ever been convicted of any crime in any state, the USA and its territories, military court or foreign country?</p> <p>Check the box next to <b>“Yes”</b> if you have ever been convicted or plead guilty to any crime. “Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea on no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to sections 1000 or 1203.4 of the Penal Code.</p> <p>Check the box next to <b>“NO”</b> if you have not been convicted of a crime.</p> <p>You may wish to provide the following information in order to assist in the processing of your application: descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident.) If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required.</p> <p><b>Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">Arrest Date</th> <th style="width: 15%;">Conviction Date</th> <th style="width: 35%;">Violation(s)</th> <th style="width: 35%;">Court of Jurisdiction (Full Name and Address)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Arrest Date	Conviction Date	Violation(s)	Court of Jurisdiction (Full Name and Address)																													Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrest Date	Conviction Date	Violation(s)	Court of Jurisdiction (Full Name and Address)																														

# APPLICANT AFFIDAVIT

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

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

**Collection and Use of Personal Information.** The California State Board of Pharmacy of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4200 and 4202 and Title 16 California Code of Regulations Section 1793.5 and 1793.6. The California State Board of Pharmacy uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

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

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

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

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

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

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

## MANDATORY REPORTER

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

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

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine. For further details about these requirements, consult Penal Code Section 11164 and Welfare and Institutions Code Section 15630, and subsequent sections.

## APPLICANT AFFIDAVIT

(must be signed and dated by the applicant)

I, \_\_\_\_\_, hereby attest to the fact that I am the applicant whose signature appears  
(Print full Legal Name)

below. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I have read the instructions attached to this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**AFFIDAVIT OF COMPLETED COURSEWORK OR GRADUATION  
 FOR PHARMACY TECHNICIAN**

**Instructions:** This form must be completed by the university, college, school, or pharmacist (The person who must complete this form will depend on how the applicant is qualifying). All dates must include the month, day, and year in order for the form to be accepted.

This is to certify that \_\_\_\_\_ has  
Print Name of Applicant

- Completed a pharmacy technician training program accredited by the American Society of Health-System Pharmacists as specified in Title 16 California Code of Regulations Section 1793.6(a) on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(completion date must be included)
- Completed 240 hours of instruction as specified in Title 16 California Code of Regulations Section 1793.6(c) on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(completion date must be included)
- Completed an Associate Degree in Pharmacy Technology and was conferred on her/him on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(graduation date must be included)
- Graduated from a school of pharmacy accredited by the American Council on Pharmaceutical Education (ACPE). The degree of Bachelor of Science in Pharmacy or the degree of PharmD was conferred on her/him on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(graduation date must be included)

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p align="center"><b>Affix school seal here.</b></p> <p align="center" style="margin-top: 100px;"><b>OR</b></p> <p align="center"><b>Attach a business card of the pharmacist who provided the training pursuant to Section 1793.6(c) of the California Code of Regulation here.</b></p>	<p>University, College, or School of Pharmacy Name: _____</p> <p>Address: _____          _____</p> <p>Print Name of Director, Registrar, or Pharmacist: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
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**INSTRUCTIONS FOR COMPLETING A  
"REQUEST FOR LIVE SCAN SERVICE" FORM  
(California Residents)**

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

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

**REQUIRED INFORMATION**

- **Type of License/Certification/Permit OR Working Title:** It is important that you print out the Live Scan form that goes with your application, as this information is already entered on the form for you. It is important that the Live Scan operator types in this information exactly into their system or at least the numeric section.
- **Name:** Print your name as it appears on your U.S. government photo identification (ID). The name on your ID must match identically to the name you enter on your application. If you change your name, you are required to notify the board within 30 days of the change.
- **Other Name (AKA):** Include all other names you have used, including your maiden name.
- **Date of Birth:** (month/day/year).
- **SEX:** Mark the appropriate gender box (male or female)
- **Driver's License Number:** California Driver's License Number.
- **Height:** Your height in feet and inches.
- **Weight:** Your weight in pounds.
- **Eye Color:** Color of your eyes
- **Hair Color:** Color of your hair
- **Place of Birth:** State or County
- **Social Security Number (Mandatory):** Your US Social Security Number. It is your responsibility to notify the Live Scan operator that your US social security number is mandatory to be included in the submission for the Board of Pharmacy. Failure to ensure that your social security number is included on the submission will result in you having to be re-fingerprinted and pay all fees associated with the processing of your fingerprints.
- **Misc. Number:** Other identification number
- **Home Address:** Your residence address
- **Level of Service:** While the Live Scan forms contained in the board's application package are pre-slugged to indicate level of service at the DOJ and FBI level, please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07; if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.

**Take the completed form** to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at [@](http://ag.ca.gov/fingerprints/publications/contact.1) or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$17, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. Please print three copies of the Request for Live Scan Service form. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

**FINGERPRINTING AUTHORITY**

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



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

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

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name  
(AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

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

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed