



LICENSING COMMITTEE REPORT

Debbie Veale, RPh, Chairperson

Lavanza Butler, RPh

Victor Law, RPh

Albert Wong, PharmD

1. FOR INFORMATION: Presentation by Pharmacist Planning Service, Inc. on a Proposal to Eliminate Tobacco Products from Pharmacies

Attachment 1

In early February 2014, CVS announced that it would move to stop selling tobacco products from its stores in the fall. A *New York Times* article on this decision is provided in **Attachment 1**.

Very recently, Pharmacist Planning Services Inc., requested time on a board agenda to provide a presentation on eliminating tobacco products from pharmacies. We will have this presentation at this meeting.

Included in **Attachment 1** is a letter from various states' Attorneys General to Safeway regarding sales of tobacco products that PPSI forwarded to me. California is not on the list.

2. FOR DISCUSSION AND POSSIBLE ACTION: Request from California Health Sciences University Possessing ACPE "Pre-Candidate" Accreditation for Recognition by the Board of Pharmacy Under Section 16 CCR § 1719 for Purposes of Issuing Intern Licenses

Attachment 2

Background:

Current regulation, Title 16 CCR 1719, states that a "recognized school of pharmacy" means a school accredited, or granted candidate status by the Accreditation Council for Pharmacy Education (ACPE). Specifically:

1719. Recognized Schools of Pharmacy.

As used in this division, "recognized school of pharmacy" means a school of pharmacy accredited, or granted candidate status, by the Accreditation Council for Pharmacy Education or otherwise recognized by the board.

There are three levels to full ACPE accreditation status for new schools or pharmacy: pre-candidate status, candidate status and full accreditation. A school may be granted candidate status once the school has produced its first class of graduates. At this point, section 1719

allows the board to issue intern licenses to current and future students. However, before possessing candidate status and while students are moving through the program at a new school, the school may have pre-candidate status with ACPE. This means that the school is progressing to meet the ACPE accreditation standards but has not yet completed the process nor graduated its first class. In such cases, the board must recognize the school for purposes of issuing an intern license. In order to secure the training expected by ACPE, students need intern licenses.

ACPE does not award pre-candidate status to new schools that are not adequately progressing towards full accreditation.

At this meeting:

There are at least three new schools of pharmacy seeking to establish themselves in California. Only one possesses pre-candidate status at the time of this June 18 meeting.

The California Health Sciences University School of Pharmacy, Fresno, CA, has been granted pre-candidate status by the ACPE. The first class of students will be admitted in the fall of 2014. In order for the school's students to secure the training they need, the students need intern licenses. Lacking ACPE candidate status, the board cannot currently issue these licenses to students.

Recently, the California Health Sciences University School of Pharmacy requested board recognition of its program for purposes of issuing intern pharmacist licenses to students attending their program. A copy of the letter from the school requesting recognition by the board is provided in **Attachment 2**.

Typically pharmacy programs that advance to candidate status do achieve full accreditation status, but ACPE cannot guarantee that any particular school will do so in the future.

Staff recommends that the board recognize California Health Sciences University School of Pharmacy for purposes of issuing intern licenses to its students. Staff will maintain contact with ACPE to ensure the school continues to move towards full ACPE accreditation status in the future.

3. FOR INFORMATION: Results of Continuing Education Audits of Pharmacists in California

Attachment 3

Periodically, the board reviews statistics describing the status of continuing education audits conducted on pharmacists who state under penalty of perjury on their license renewals that they have fulfilled earning the 30 hours of continuing education that is required.

The results of the most recent series of CE audits are provided in **Attachment 3**. About 13 percent of those audited could not provide proof of completing the CE they certified they had.

Nearly 17 percent of those unable to provide proof of completing their CE had their licenses converted to inactive status.

4. **FOR DISCUSSION AND POSSIBLE ACTION: Request for a Waiver Under California Business and Professions Code Section 4118 Pertaining to Licensure as a Centralized Hospital Packaging Pharmacy, Sections 4128 et seq. Requests Are from Two Hospitals:**
- (a) **Mercy Hospital of Folsom**
 - (b) **Loma Linda University Medical Center**

Attachment 4

Background

In 2012 the California Society of Health System Pharmacists and the California Hospital Association sponsored legislation to establish a centralized hospital packaging license which would allow a hospital chain under common ownership to consolidate packaging operations into a single location in a specialized pharmacy to prepare single dose medications that are barcoded. The specific provisions were contained in AB 377 (Solario, Chapter 687, Statutes of 2012).

Included in the provisions of this measure was the requirement that the unit dose medications filled by the centralized hospital packaging license be barcoded to be readable at the inpatient's bedside and specifies the information that must be retrievable when the barcode is read. The board supported this measure and actively advocated for its passage because of the significant positive impact the use of barcoding would have on the reduction of medication errors that occur in hospitals. Specifically, the board's letter to the governor included the following:

“...Bar coding is important for patient safety. Before a medication is administered to a patient, by scanning the bar code on a medication, a patient's chart and a patient's wristband the right medication, in the right dose will be ensured at the patient's bedside. This provides an important step forward to improve patient safety and decrease the rate of medication errors and potential adverse drug events...”

At the January 2014 Board Meeting, Sharp Hospital and Scripps Health San Diego appeared before the board seeking an exemption to allow them to secure a centralized packaging license, but limitations in their software that prohibit full compliance with the barcode requirements specified in Section 4128.4. The items listed in section 4128.4 appear on the label but not in the barcode. Instead Scripps Health System and Sharp Hospital requested that the board interpret the meaning of those provisions more broadly to allow additional time following licensure for the hospitals to fully comply with the requirements in statute.

Section 4028.4 requires:

4128.4. Barcode Required; Information Retrievable Upon Reading Barcode

Any unit dose medication produced by a centralized hospital packaging pharmacy shall be barcoded to be readable at the inpatient's bedside. Upon reading the barcode, the following information shall be retrievable:

- (a) The date the medication was prepared.
- (b) The components used in the drug product.
- (c) The lot number or control number.
- (d) The expiration date.
- (e) The National Drug Code Directory number.
- (f) The name of the centralized hospital packaging pharmacy.

The board approved both waivers. Excerpts of the minutes from this meeting are provided in **Attachment 4**.

At this meeting:

Attending this meeting will be representatives from Mercy Hospital of Folsom, and Loma Linda University that are requesting similar waivers from the board. **Attachment 4** also includes a copy of the waiver request from each hospital system.

Proposed Motion: Recommend to the board that it approve a five-year waiver for Mercy Hospital of Folsom and Loma Linda University that as long as the lot number is provided on the label and the required data elements are otherwise retrievable, waive the requirement that the data elements in section 4128.4 be retrievable at the patient's bedside by way of a barcode.

5. FOR DISCUSSION AND POSSIBLE ACTION: Reporting of Intern Hours Earned for Interns in ACPE Accredited Schools

Attachment 5

At the March Licensing Committee and the April Board Meeting, the board discussed the topic of the reporting of intern hours for purposes of qualifying to take the CPJE. At the April Board Meeting, the board agreed to revise the current process used by the board.

To secure this action, a statute and regulation will need modification. Additionally this committee needs to recommend to the board a new process for validating the intern hours earned by students in ACPE-approved schools. Existing provisions will remain for foreign-educated pharmacists who possess FPGEC certification, but need 1,500 hours of intern experience to qualify to take the CPJE>

California Business and Professions Code section 4209 provides:

- (a) (1) An intern pharmacist shall complete 1,500 hours of pharmacy practice before applying for the pharmacist licensure examination.
- (2) This pharmacy practice shall comply with the Standards of Curriculum established by the Accreditation Council for Pharmacy Education or with regulations adopted by the board.
- (b) An intern pharmacist shall submit proof of his or her 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 experience was obtained or by the pharmacist-in-charge at the pharmacy while the pharmacist intern obtained the experience.

Intern hours 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 experience, provided that the applicant has obtained a minimum of 900 hours of pharmacy practice experience in a pharmacy as a pharmacist. 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.

Board regulations provide additional requirements for earning intern hours:

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.

Provided in **Attachment 5** is the Pharmacy Intern Hours Affidavit (form 17A-29) upon which all interns report their hours of experience. There are two areas where the intern hours completed can be recorded: (1) Number of hours of pharmacy practice experience obtained in a pharmacy, and (2) Number of hours of pharmacy practice experience substantially related to the practice of Pharmacy.

Excerpts from the April Board Meeting Minutes are provided in **Attachment 5**.

Staff recommendations:

1. For California Pharmacist Applicants who Graduated After June 2010:
 - (a) If not licensed in any state in the US:
 - Accept a certified copy of a transcript from the ACPE-approved school of pharmacy identifying that the student has fulfilled all requirements and earned a doctor of pharmacy degree
 - OR

- Require a letter from the ACPE-approved school of pharmacy that the student has completed at least 1500 hours of intern experience while completing the PharmD curriculum
- (b) If licensed for one year in any state in the US -- no change—accept licensure for one year as fulfilling the intern hours requirement
- (c) If a graduate of a foreign school of pharmacy, possessing FPGEC certification
 - no change --must submit intern hours on the intern hours affidavit forms. If hours earned outside California, must provide proof of licensure as an intern in that state and still require intern hours forms to total 1,500 hours. The state will not have to certify the forms nor collect the hours to transfer to CA.

6. FOR DISCUSSION AND POSSIBLE ACTION: Review and Discussion of Questions on Applications to Collect Prior Conviction Information

Attachment 6

At the December Licensing Committee Meeting, the committee began consideration of revising the conviction questions on board applications for individual licenses (intern pharmacist, pharmacy, pharmacy intern, designated representative). This discussion continued at the January 29, 2014 Board Meeting.

Attachment 6 contains background material, including an excerpt from the January 29, 2014 Board Meeting Minutes. At this meeting, Supervising Deputy Attorney General Joshua Room will provide information about possible modifications to board conviction questions.

Unlike other professions, working in a pharmacy or drug wholesaler gives individuals direct access to dangerous drugs, including controlled substances. The board needs to determine how it will address prior convictions involving drugs.

The specific questions are:

- “Have you ever been convicted of any crime in any state, the USA and its territories, military court or foreign country?”

Check the box next to **“YES”** if you have ever been convicted or plead guilty to any crime. “Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to sections 1000 or 1203.4 of the Penal Code.

Check the box next to “NO” if you have not been convicted of a crime.

You may wish to provide the following information in order to assist in the process of your application: 1) certified copies of the arresting agency report; 2) certified copies of the court documents; 3) and a descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident.) If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. **Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary.**”

The Legal Office has asked that we review these questions and modify them to conform to the format used by other boards in the department. At this meeting we will discuss the purpose of these questions.

7. FOR DISCUSSION: Competency Committee Report

(a) Recruitment of New Members for the Board’s Competency Committee

The board’s Competency Committee develops and oversees the administration of the California Pharmacist Jurisprudence Examination or CPJE. This exam consists of 90 multiple-choice items that assess minimal competency in patient communication skills, pharmacy law and clinical knowledge in practice situations in California.

The board is looking to recruit new members for the Northern Competency Committee who are specialized in Institutional settings.

Besides the main functions of the committee described above, related duties of the committee include the oversight of a job analysis of the pharmacist profession every five years to assure that the exam remains valid for entry-level pharmacist practice. From this analysis, the committee develops the content outline for the examination. Appointment to the committee is an honor, but the work required is demanding. There are three two day meetings annually in the north annually. Attendance at the committee meetings is a necessity.

The board’s president appoints all committee members to terms of four years, with reappointment possible. Practicing California pharmacists who have been licensed within the last five years are especially encouraged to apply. Applications must include a curriculum vitae, a cover letter describing the pharmacist’s area of pharmacy experience or practice, and three letters of reference from pharmacists who are familiar with the pharmacist’s work.

(b) California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)

Effective April 1, 2014, the board instituted a quality assurance review of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). This means that there is currently a delay in the release of all CPJE examination scores. This process is done periodically to ensure the reliability of the examination. The board expects to release the scores in late June 2014, however, will release exam scores more quickly if the review is completed.

(c) Examination Development

The Competency Committee workgroups continues to meet throughout 2014 for examination development. Both Competency Committee workgroups will meet for the annual meeting in August to discuss examination development.

Occupational Analysis of the Pharmacist's Duties

The committee has also developed a job analysis survey to be used to complete an occupational analysis with the board's contracted psychometric firm. Pursuant to Business and Professions Code section 139, the board is required to complete an occupational analysis periodically which serves as the basis for the examination. We released this survey to a random sample of pharmacists June 6, 2014. The information learned from this survey will determine if changes are necessary to the content outline of the CPJE. Pharmacists who complete the job analysis survey will be awarded three hours of CE credit as approved by the board at a prior meeting.

8. FOR DISCUSSION: Licensing Statistics for July 2013 – May 2014

Attachment 7

During the first nine months of fiscal year, the board has received over 14,000 applications. We have issued just under 11,500 licenses this year.

Attachment 7 contains the board's licensing statistics for July 2013-May 2014.

Attachment 1

CVS does not sell electronic cigarettes, the highly popular but debated devices that deliver nicotine without tobacco and emit a rapidly vanishing vapor instead of smoke. It said it was waiting for guidance on the devices from the Food and Drug Administration, which has expressed interest in regulating e-cigarettes.

Some major retail stores like Walmart and convenience stores still sell cigarettes and other tobacco products, although antismoking groups and health care professionals will probably use CVS's decision to try to pressure others to consider doing so. Municipalities have also begun enacting legislation governing where cigarettes can be sold.

Kathleen Sebelius, secretary of Health and Human Services, said in a statement that the CVS decision was "an unprecedented step in the retail industry" and predicted it would have "considerable impact."

Ms. Sebelius said that each day, some 3,200 children under 18 will try a cigarette and 700 will go on to become daily smokers. That means, she said, that 5.6 million American children alive today will die premature deaths because of diseases linked to smoking. Nik Modi, an investment analyst who follows tobacco stocks at RBC Capital Markets, said he doubted CVS's move would have a major impact on tobacco sales, noting that roughly three-quarters of cigarette sales occur in convenience stores.

Wednesday, CVS executives met with executives from tobacco companies to discuss the shift. "Obviously, you would expect they would be disappointed with this decision," Mr. Merlo said. "At the same time, I think they understand the paradox we faced as an organization."

A handful of municipalities have enacted laws curtailing the sale of tobacco at stores where a pharmacy is present. San Francisco passed such a ban in 2010 that included all stores with embedded pharmacies, and a number of municipalities in Massachusetts, including Boston, have similar bans in place, some of which also include prohibitions on the sale of e-cigarettes.

Otis W. Brawley, chief medical officer at the American Cancer Society, said other local government entities were weighing similar measures. "If you're in the business of promoting health and providing health care, it's very hypocritical to be selling tobacco products," Dr. Brawley said. "It just doesn't make sense and in fact is almost a conflict of interest."

On Wednesday, Walgreens said it had been assessing its sales of tobacco products for some time. "We will continue to evaluate the choice of products our customers want, while also helping to educate them and providing smoking cessation products and alternatives that help to reduce the demand for tobacco products," according to a statement released by the company. Although CVS ranks first in overall sales and pharmacy sales among the nation's drugstores, according to analysts, Walgreens is the largest in the number of stores.

Rite-Aid, another large chain, said in a statement it continually reviewed product mix to make sure it suits the needs and desires of customers.

As for driving away customers to competitors, Troyen A. Brennan, the executive vice president and chief medical officer for CVS, said: “It’s obvious that the average person will just find somewhere else to buy cigarettes. What we’re thinking about is if others want to emulate this business decision we’ve made, then over time that will make cigarettes less available — and scientific literature does suggest that a reduction in the availability of cigarettes reduces smoking.”

Dr. Brennan, together with Steven A. Schroeder of the Smoking Cessation Leadership Center at the University of California, San Francisco, wrote an op-ed article making the case for eliminating tobacco products from drugstores in *The Journal of the American Medical Association* [published online](#) on Wednesday.

Some 18 percent of American adults smoke, down from 42 percent in 1965. In places like New York City, which has used a combination of steep taxes on cigarettes and bans on smoking in most places to discourage smokers, the decline is even greater, down to 14 percent.

But health experts remain concerned because the rate of decline has stagnated over the last decade, and some 480,000 deaths each year are linked to smoking. From 1999 to 2003, for example, the smoking prevalence among high school girls dropped 37 percent, according to the Centers for Disease Control, but from 2003 to 2007, the decline was only 2.3 percent.

This month, a group of seven advocacy organizations including the American Heart Association and the Campaign for Tobacco-Free Kids called on governments to take steps to reduce smoking rates to less than 10 percent over the next decade and ensure no American is exposed to secondhand smoke within five years.

“We have seen the decrease in initiation of smoking plateau, particularly among some populations of young people, and we’ve been working very hard on those populations that have been stubbornly hard to reduce but we need to redouble our efforts,” said Risa Lavizzo-Mourey, the chief executive of the Robert Wood Johnson Foundation. “Decreasing the availability of tobacco products as CVS is doing is an important and bold step toward making it harder for people to get access to these harmful products.”

Coincidentally, the F.D.A. announced on Tuesday the start of a national education program aimed at preventing smoking among youth. The ads, which will be distributed across social media platforms, try to show teenagers the toll that smoking takes on the body in memorable ways, such as a young man who uses a pair of pliers to pull a stained tooth from his mouth to buy a pack of cigarettes.

A shortage of primary care doctors and expanding access to health care coverage under the Affordable Care Act is turning drugstore chains into big players in the nation’s health care system. Consumers routinely get flu shots in drugstores, for instance, and clinics staffed by nurse practitioners or physician assistants and offering basic care for common ailments like strep throat or pink eye are popping up everywhere from Walgreens to Walmart.

A report last year by Accenture predicted such so-called retail clinics were poised to grow at a rate of 25 to 30 percent over the next few years, which would swell the number to 2,800 in 2015, from 1,400 in 2012.

CVS's 800 MinuteClinics already account for most of such outlets, and Mr. Merlo said the company hoped to add another 700 for a total of 1,500 by 2017. For that reason, he said, the decision to stop selling tobacco products "was really more of a discussion about how to position the company for future growth."

The company estimated that the decision would erase 17 cents in earnings per share of stock annually, but that it had identified ways of offsetting the impact on profits. (The earnings hit this year will only be 6 cents to 9 cents a share while the company works through its remaining inventory of tobacco products.)

The company hopes to make up some of the lost revenue and income with a smoking cessation program that it is starting this spring with the goal of getting half a million Americans to stop smoking. Helena Foulkes, executive vice president for CVS, said: "This is the kind of offering we can bring to clients like insurance plans and companies, many of which will pay for such a program."

State Attorneys General

A Communication from the Chief Legal Officers
of the Following States and Territories:

Alaska * Arizona * Connecticut * Delaware
District of Columbia * Guam * Hawaii * Idaho * Illinois * Indiana
Iowa * Maine * Maryland * Mississippi * Nevada * New Hampshire
New Mexico * New York * Northern Mariana Islands * Ohio * Oregon
Pennsylvania * Puerto Rico * Rhode Island * Tennessee
Utah * Vermont * Washington

March 14, 2014

Robert L. Edwards, President and Chief Executive Officer
Safeway Inc.
5918 Stoneridge Mall Road
Pleasanton, CA 94588

Re: Sale of Tobacco Products

Dear Mr. Edwards,

The undersigned Attorneys General write to urge Safeway Inc. to follow the example set by CVS Caremark Corporation and to cease selling tobacco products in your retail stores that have pharmacies throughout the United States.

State Attorneys General have long fought to protect their citizens, particularly youth, from the dangers of tobacco products. For example, in the 1990's, State Attorneys General sued the major cigarette companies for the harm their products caused. To resolve these lawsuits, in 1998 State Attorneys General entered into the Master Settlement Agreement (MSA) (as well as earlier settlements in four states) with the major tobacco companies, and a number of other tobacco companies are now also parties to the MSA. A principal goal of the MSA is to reduce underage tobacco use by discouraging such use and by preventing youth access to tobacco products. To help achieve that goal, the States devote considerable resources to the prevention of sales of cigarettes and other tobacco products to minors. With the protection of our States' citizens in mind, the undersigned Attorneys General write to urge you to cease selling all tobacco products.

Since 1964, over 20 million Americans have died prematurely as a result of smoking.¹ While most of these deaths were of adults with a history of smoking, 2.5 million deaths were of

¹ U.S. Department of Health and Human Services, *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease

nonsmokers who died of heart or lung disease caused by exposure to secondhand smoke.² Tobacco-related disease is the leading preventable cause of death in the U.S., causing at least 480,000 premature deaths each year,³ which is more than AIDS, alcohol, illegal drug use, car accidents, and firearm-related deaths combined.⁴ Smoking causes heart disease, diabetes, and arthritis, increases the risk of stroke, is the leading cause of lung cancer, and also causes colorectal cancer, liver cancer, and cancers of the oral cavity, pharynx, esophagus, stomach, pancreas, larynx, cervix, bladder, and kidney.⁵ Health care costs and productivity losses attributable to smoking cost the nation at least \$289 billion each year.⁶

There is a contradiction in having these dangerous and devastating tobacco products on the shelves of a retail chain that services health care needs. The availability of such products in a retail store that also serves as a pharmacy normalizes tobacco use; furthermore, selling tobacco products in the same store as smoking-cessation products is likely to increase impulse tobacco purchases among those trying to quit and undermines their efforts. In a recent year, nearly 70% of smokers said they wanted to quit; however, only approximately 4% were able to do so.⁷

The normalization and easy availability of tobacco products represent a significant threat to youth, who are particularly susceptible to social and environmental encouragements to use tobacco. Moreover, the sale of tobacco products in retail chains weakens the effect of media campaigns whose objective is to de-normalize the use of tobacco products. The Surgeon General's 2014 Report cited these hard-hitting media campaigns, such as the CDC's "Tips from Former Smokers" campaign and Legacy's truth® campaign, as a key factor in preventing smoking initiation and promoting quitting.⁸ The CDC campaign prompted 1.6 million smokers to try to quit and helped more than 100,000 succeed.⁹

Preventing the initiation of young smokers is critical to reducing overall health damage and public health costs. Almost 90% of adult smokers start smoking by 18 years of age and 98% start by the age of 26.¹⁰ Keeping youth from trying and starting to smoke thus makes it highly likely that they will remain smoke-free for the rest of their lives. At the current rate of youth smoking, 5.6 million Americans younger than 18 years of age who are alive today are projected to die prematurely from smoking-related disease.¹¹

Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 ("Surgeon General's 2014 Report"), at 7.

² Surgeon General's 2014 Report at 676-78.

³ *Id.* at 11, 659.

⁴ Mokdad, A.H., Marks J.S., Stroup D.F., Gerberding J.L., *Actual Causes of Death in the United States*. JAMA: Journal of the American Medical Association 2004; 291(10):1238-45.

⁵ Surgeon General's 2014 Report at 667-70, 688, 870.

⁶ *Id.* at 12.

⁷ [http://www.cancer.org/cancer/news/expertvoices/post/2012/11/14/mind-the-\(smoking\)-gap-those-who-want-to-quit-and-those-who-actually-do.aspx](http://www.cancer.org/cancer/news/expertvoices/post/2012/11/14/mind-the-(smoking)-gap-those-who-want-to-quit-and-those-who-actually-do.aspx)

⁸ Surgeon General's 2014 Report at 812-14.

⁹ *Id.* at i.

¹⁰ *Id.* at 12.

¹¹ *Id.*

We ask you to exercise leadership in the area of tobacco control and prevention of youth smoking by stopping all sales of tobacco products in your retail stores that have pharmacies. Doing so would effectively bring us full circle, back from the time when a tobacco manufacturer could advertise that “More doctors smoke CAMELS than any other cigarette” to a time when cigarettes simply cannot be purchased from a business that sells products prescribed by doctors.

In 2010, the American Pharmacists Association urged pharmacies to discontinue sales of tobacco products.¹² In addition, the American Medical Association passed a resolution opposing the sale of tobacco products in pharmacies, and the American Heart Association, the American Cancer Society and American Lung Association have all called for banning tobacco sales in pharmacies.¹³ Moreover, apart from CVS’s recent action, other major retailers such as Target and Wegmans have already decided to stop selling tobacco products, as have other independent pharmacy retailers and small chains. We ask that Safeway join those retailers in recognizing that eliminating the sale of tobacco products by retailers who service health care needs and reducing the availability of tobacco products represent important steps in reducing the harm caused by tobacco products in the United States and promoting public health.

For the reasons described above, we urge Safeway to cease selling tobacco products in its retail stores that have pharmacies throughout the United States.

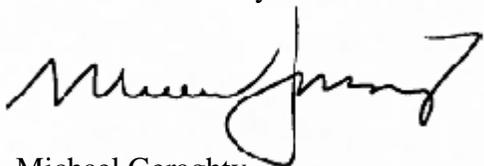
We look forward to hearing from you.



Eric Schneiderman
New York Attorney General



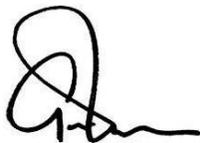
Michael DeWine
Ohio Attorney General



Michael Geraghty
Alaska Attorney General



Tom Horne
Arizona Attorney General



George Jepsen
Connecticut Attorney General



Joseph R. “Beau” Biden III
Delaware Attorney General

¹² American Pharmacists Association. Report of the 2010 APhA House of Delegates: discontinuation of the sale of tobacco products in pharmacies and facilities that include pharmacies. J Am Pharm Assoc. 2010; 50(4):417. <http://japha.org>

¹³ Katz, M.H. *Banning tobacco sales in pharmacies: the right prescription*. JAMA: Journal of the American Medical Association 2008; 300(12):1451-1452.

Irvin Nathan
District of Columbia Attorney General

Lenny Rapadas
Guam Attorney General

David Louie
Hawaii Attorney General

Lawrence Wasden
Idaho Attorney General

Lisa Madigan
Illinois Attorney General

Greg Zoeller
Indiana Attorney General

Tom Miller
Iowa Attorney General

Janet Mills
Maine Attorney General

Douglas F. Gansler
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Jim Hood
Mississippi Attorney General

Catherine Cortez Masto
Nevada Attorney General

Joseph Foster
New Hampshire Attorney General

Gary King
New Mexico Attorney General

Joey Patrick San Nicolas
N. Mariana Islands Attorney General

Ellen F. Rosenblum
Oregon Attorney General

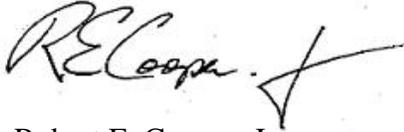
Kathleen Kane
Pennsylvania Attorney General



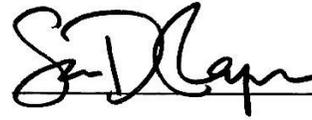
César R. Miranda Rodríguez
Puerto Rico Attorney General



Peter Kilmartin
Rhode Island Attorney General



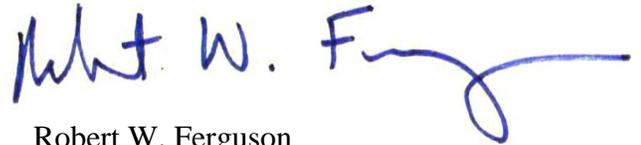
Robert E. Cooper, Jr.
Tennessee Attorney General



Sean Reyes
Utah Attorney General



William H. Sorrell
Vermont Attorney General



Robert W. Ferguson
Washington Attorney General

Attachment 2

May 19, 2014

Virginia Herold, Executive Director
California State Board of Pharmacy
1625 North Market Blvd, Suite N219
Sacramento, CA 95834

Re: California Code of Regulation Section 1719 Requesting Approval

Dear Executive Director,

California Health Sciences University College of Pharmacy (CHSUCOP) Doctor of Pharmacy program has applied for accreditation status by the Accreditation Council of Pharmacy Education (ACPE) and has been granted precandidate status in January of 2014.

Pursuant to California Code of Regulation section 1719, I am requesting board approval of the California Health Sciences University College of Pharmacy (CHSUCOP) for purposes of issuing intern licenses for schools who possess Accreditation Council of Pharmacy Education (ACPE) precandidate status. The board's recognition of CHSUCOP for purposes of issuing intern licenses will ensure that our students are able to pursue intern requirements while they earn their education as CHSUCOP is moving towards full candidate status with ACPE.

I will provide updates to the board on the status of our ACPE accreditation and when we secure candidate status.

Please feel free to contact me at any time.

Warmest Regards,



Grant D. Lackey, PharmD, CSPI, FASCP, FCSHP
Cell: 916-204-0192

glackey@chsu.org

cc: David Hawkins, PharmD; Provost and Dean
Florance Dunn, President

Attachment 3

Results of FY 2013/14 Continuing Education Audit

CE AUDITS: FY 13-14									
Updated: 6/9/14									
	Audits			Audit Results		Failed Audit Outcomes		Non-Comp Actions	
	# Initiated	Pending	Completed	Pass	Fail	Made Compliant	Non-Compliant	Inactive	Retired
Jul	-	-	-	-	-	-	-	-	-
Aug	50	0	50	41	9	7	2	2	-
Sep	-	-	-	-	-	-	-	-	-
Oct	65	1	64	52	12	10	2	2	-
Nov	73	0	73	64	9	9	-	-	-
Dec	61	0	61	54	7	6	1	1	-
Jan	70	0	70	58	12	11	1	1	-
Feb	40	0	40	38	2	1	1	1	-
Mar	37	0	37	32	5	4	1	1	-
Apr	34	5	29	26	3	3	-	-	-
May	39	18	21	21	-	-	-	-	-
June	In progress								
Total	469	24	445	386	59	51			

Attachment 4



RECEIVED BY CAL
BOARD OF PHARMACY
2014 APR 30 PM 12:13

April 15th, 2014

Virginia Herold, Executive Officer
California State Board of Pharmacy
1625 North Market Blvd, N219
Sacramento, CA 95834

RE: Centralized Packaging Pharmacy Request for Waiver

Dear Ms. Herold,

Mercy Hospital of Folsom has recently applied for a Centralized Packaging Pharmacy License on June 6, 2013. The state regulations request specific information to be included in the barcode for medications labeled in a Centralized Packaging Pharmacy. The specific requirements of Article 7.6 section 4128.4 of the Business and Professions Code include:

- a. The date the medication was prepared.
- b. The components used in the drug product.
- c. The lot number or control number.
- d. The expiration date.
- e. The National Drug Code (NDC) directory number.
- f. The name of the centralized hospital packaging pharmacy.

We respectfully request a waiver from the aforementioned barcode requirements of Article 7.6 Section 4128.4. Current technology utilized for bedside medication scanning by nurses to ensure that the correct medication is being administered is limited by configuration to including the NDC number. As such, if we were to add the additional required information, the barcode would not be recognized and the medication safety check would fail.

Lastly, in compliance with Article 7.6 section 4128.4 requirements, all of the information is provided in text form on the medication label.

Please contact Randy Castillo at Randall.Castillo@DignityHealth.org or (916) 983-7410 if you have any additional questions or for further discussion.

Sincerely,

A handwritten signature in black ink, appearing to read "Randy Castillo".

Randall Castillo
Vice President
Mercy Hospital of Folsom
1650 Creekside Drive
Folsom, CA 95630



LOMA LINDA UNIVERSITY

MEDICAL CENTER

RECEIVED BY CALIF
BOARD OF PHARMACY

2014 MAY -1 AM 11:28

April 30, 2014

Virginia Herold, Executive Officer
California State Board of Pharmacy
1625 N. Market Street, Suite N-219
Sacramento, CA 95834

RE: Temporary Exemption BPC 4128.4

Ginny,

Thank you for meeting with me last Friday, April 25th, during the CPhA Convention. It was good to see you and I appreciate the time you allowed for us to discuss the Centralized Hospital Packaging Pharmacy Licensing (CPL) for LLUMC. The application has been submitted to the Board for processing and approval.

We discussed BPC 4128.4 as it pertains to the Barcode requirements for a CPL.

BPC 4128.4. Barcode Required; Information Retrievable Upon Reading Barcode

Any unit dose medication produced by a centralized hospital packaging pharmacy shall be barcoded to be readable at the inpatient's bedside. Upon reading the barcode, the following information shall be retrievable:

- (a) The date the medication was prepared.
- (b) The components used in the drug product.
- (c) The lot number or control number.
- (d) The expiration date.
- (e) The National Drug Code Directory number.
- (f) The name of the centralized hospital packaging pharmacy

Currently, in the barcode, we have the National Drug Code Directory number coded in the label. We can retrieve A, B, C, D and F, however, this data is not yet inserted in the existing barcode, but we are diligently working with EPIC, our software provider, to have the required information embedded as soon as possible. Once I know the timeframe for the "fix", the information will be communicated immediately to the Board.

At this time, we are requesting a temporary exemption for BPC 4128.4

Thank you again Ginny and I appreciate your help with this licensure. We are hoping to have the license by May 30th, 2014.

Sincerely,

Paul Norris, Pharm.D.
Executive Director of Pharmacy Services

A Seventh-day Adventist Institution

HOSPITAL PHARMACY | 11223 Campus Street, Loma Linda, California 92354

(909) 558-4500 • fax (909) 558-4145 • www.llu.edu

**EXCERPT FROM THE CALIFORNIA STATE BOARD OF PHARMACY BOARD MEETING MINUTES
JANUARY 30, 2014**

7. Discussion and Possible Action on the Requests from Scripps Health San Diego and Sharp Health System for Waiver of California Business and Professions Code Section 4118 Pertaining to Licensure as a Centralized Hospital Packaging Pharmacy, California Business and Professions Code Sections 4128 et seq.

In 2012 the California Society of Health System Pharmacists and the California Hospital Association sponsored legislation to establish a centralized hospital packaging license which would allow a hospital chain under common ownership to consolidate packaging operations into a single location in a specialized pharmacy to prepare single dose medications that are bar coded. The specific provisions were contained in AB 377 (Solorio, Chapter 687, Statutes of 2012). Included in the provisions of this measure was the requirement that the unit dose medications filled by the centralized hospital packaging license be barcoded to be readable at the inpatient's bedside and specifies the information that must be retrievable when the barcode is read.

The board supported this measure and actively advocated for its passage because of the significant positive impact the use of barcoding would have on the reduction of medication errors that occur in hospitals.

Recently board staff was advised that Scripps Health San Diego had limitations in its software that prohibit full compliance with the barcode requirements specified in section 4128.4. Scripps Health System is requesting that the board interpret the meaning of the provisions more broadly to allow additional time following licensure to fully comply with the requirements. Scripps indicated that it does have a bar code that is readable at the bedside that identifies the drug, dosage and strength.

Sharp Health Care also notified the board that it was unable to affix a barcode to each container to read the specific information identified in section 4128.4.

In preparing for this meeting, board staff conferred with counsel on the applicability of such a waiver given the specificity of the language in Business and Professions Code section 4118. This request is being brought to the board for consideration and to provide direction to staff on the waiver request as well as interpretation and application of section 4118.

Bob Miller stated that Scripps became aware that the provision in section 4128.4 that speaks to the retrieval of patient information at the patient's bedside was being interpreted by the board differently than what they had expected. Their expectation was that if they put a barcode on all their doses which included the lot number, then based on the lot number, they would be able to retrieve the patient information at the bedside. Their barcoding system, however, doesn't actually pull up that information and show it to the nurse. The purpose of the appearance before the board is to ask the board to adopt a broader interpretation of the provisions of the new law and make the case as to why their system is in compliance, or alternatively, to ask the board for a waiver until the technology becomes available to permit the reading of the additional bar code information.

Ken Scott explained that all the required patient information is actually retrievable from the label of each unit dose medication container, it is not encoded into the barcode.

Mr. Room provided information regarding Business and Professions Code section 4128.4 which states that upon reading the barcode, the six data elements shall be immediately retrievable. In his opinion, one of the conditions of licensure is that the licensee has the ability to perform that technological service.

Mr. Room presented three different options with which the board could deal with this situation.

1. Pursuant to Business and Professions Code section 4118, the board has the ability to waive a requirement for licensure.
2. The board could exercise enforcement discretion and allow a specified time period to come into compliance. This option would have to be applied to all licensees.
3. The board could return to the legislature and to clarify which data elements, if any, have to be retrievable at the bedside.

Dr. Gutierrez stated the data elements need to be retrievable in case of a recall. She asked for an explanation of Scripps' process if a medication is recalled. Ms. Benner stated that the batch record is an electronic record and they capture all data elements including the lot number, expiration date, and all components of the compound. The recalled medication could be traced back to a patient by conducting a search. Mr. Room stated that although the data elements are readable (on the label), he thinks the intent of the law was to link the data elements on the barcode to a database where the elements would be present and retrievable.

Mr. Santiago stated that it was arguable whether the board could grant a waiver pursuant to Business and Professions Code section 4118 because the language is a waiver for a requirement of licensure. Ms. Herold clarified that Scripps had not been issued a license based on their inability to meet the law's requirements.

Mr. Santiago also stated that the board could not use its enforcement discretion across the board because that would constitute an underground regulation. Mr. Room agreed. Steve Gray, representing the California Society of Health-System Pharmacists (CSHP), stated that CSHP was the sponsor of the bill and he was personally involved in developing the language. He stated that the board's interpretation of the law is incorrect and that the intent was not to have the data readable at the bedside. He didn't believe that a waiver was necessary, but he offered to work with the CHA to create some clarifying language.

Perry Flowers, representing Kaiser Permanente, spoke in support of Scripps and Sharp.

Board Discussion Ms. Veale asked if the board waives this requirement for Scripps and Sharp they would open it up for anyone to seek waiver. Mr. Room confirmed that the board would have to review and approve each request for waiver and added that CSHP has already created some language and is searching for an author.

Jonathan Nelson, CSHP, commented that currently they are working with the legislature to get this issue resolved.

Committee Recommendation (Motion):

Support: 10 Oppose: 0 Abstain: 0

Jonathan Nelson, CSHP, commented that they will be including the lot number requirement in their proposed legislation language.

Attachment 5



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

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

Pharmacy Intern Hours Affidavit

Completed by the Supervising Pharmacist or Pharmacist-in-Charge

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

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

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

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

Name of Pharmacy		Pharmacy License Number	
Address of Pharmacy	Number and Street	City	State Zip Code
Name of Supervising Pharmacist or Pharmacist-in-charge	Pharmacist Contact Phone Number ()	Pharmacist License Number	State Licensed

This is to certify that _____ 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 under section "B" of 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.

 Pharmacist's Signature
 17A-29 (6.13)

 Date

Expert from the April 2014 Board Meeting

a. Summary of Presentation Made to Committee on Requirements for Intern Experience in ACPE Approved School of Pharmacy Curricula

The Licensing Committee was asked to review the requirements for reporting intern hours experience required of students enrolled in ACPE-approved schools of pharmacy. Chair Veale reported that on March 19th Dr. Vlasses provided a presentation on ACPE's requirements for intern experience in ACPE-approved schools of pharmacy. Dr. Vlasses highlighted that ACPE accredited schools of pharmacy curricula must contain "real world" pharmacy experience. Dr. Vlasses also reviewed the process by which students shadow pharmacists and work in pharmacies to gain hands on practice experience.

Chair Veale stated that the committee was particularly concerned with the preceptor screening and evaluation process and the hands-on knowledge students gain while in pharmacy school.

Chair Veale explained that she would report on agenda item d before opening the floor to board and public comments under agenda item e.

b. Summary of Presentation by the California Schools of Pharmacy on the Intern Experience Earned by Students in California Schools of Pharmacy and the Reporting of Intern Hours to the California Board of Pharmacy

Chair Veale stated that over the years, the board has been asked to change the reporting of intern hours to eliminate the specific requirement that 900 hours be earned in a pharmacy. Historically, the board has not agreed that such a change is in the public interest.

Chair Veale provided that the committee heard testimony stating that it is difficult for students to gain additional intern hours outside of the curriculum, as many of the jobs historically held by interns are now being filled by technicians. Chair Veale noted that deans from various schools of pharmacy asked the committee to change the intern requirement to deem any student who graduated from an accredited school of pharmacy after 2007 as having fulfilled his or her required intern hours.

Chair Veale reported that the committee asked legal counsel if a regulatory change would be required in order to accept the proposal as brought before the board. Mr. Santiago stated that a regulation change would be required to allow the schools to sign off on the entire 1500 hours. The committee also asked if the board could eliminate the 1500 hour requirement and simply require graduation from an ACPE accredited school. Mr. Santiago confirmed that the board could choose to go that avenue, and stated that doing so would require a statutory change.

c. Discussion and Possible Action to Update the Pharmacist Interns Hour Requirements from Business and Professions Code section 4209 and 16 California Code of Regulations Section 1728 and the Intern Hours Affidavit Form 17A-29

Chair Veale reported that at the committee meeting Jon Roth offered CPhA's legislative support to make any statutory changes deemed necessary to change the reporting of pharmacy intern hours.

Chair Veale explained that it was the committee's desire to ensure that intern hour requirements are the same for all graduates of an ACPE accredited pharmacy program. The committee asked board staff and counsel to ensure any statutory or regulatory changes made achieved equality in intern hour reporting requirements for both in-state and out-of-state applicants.

Chair Veale noted that at the committee meeting the comment was made that it is easier for an out of state graduate to receive approval to sit for the board's exam. Mr. Santiago stated that at the committee meeting the comments were not addressed because there was no licensing staff present. Ms. Herold responded that the board does not probe into if the out-of-state applicant was getting paid during their internship and staff validates that a pharmacist signed off on the hours.

Mr. Room asked if the committee envisioned that statute would require that as part of the application, and applicant would have to submit a form signed by the dean of the school certifying that they completed the intern hours required in the ACPE curricula. Chair Veale responded that graduating from an accredited school essentially indicates that they completed the necessary intern hours, the committee was looking to staff to determine if a certificate from the dean was necessary.

Mr. Room warned that with compounding the board was previously willing to accept an accreditation body's approval in place of a board license and the board has since found that this was not sufficient. Chair Veale responded that unlike compounding accreditation there is only one entity (ACPE) that accredits all schools of pharmacy. Additionally she stated that the committee felt that ACPE was better able to monitor the programs and preceptors.

Mr. Room expressed that the board must be willing to accept any changes to the hourly requirements they may deem fit in the future – for example if they lower the requirement to 500 hours. Chair Veale agreed and commented that perhaps the board should create a floor that the hours could not go under.

Ms. Herold noted that the board would need to consider that there are foreign graduates who are currently required to complete a number of hours in the United States. Chair Veale responded that the committee would not change that requirement.

Ms. Herold asked to clarify if proof of graduation or a separate letter from the dean would be required to fulfill the intern hour requirement. Chair Veale stated that those details could be sent back to the committee and staff to work-out.

President Weisser commented that he is uncomfortable handing over the process to ACPE and worries that the importance of gaining hands on experience may be lost. Chair Veale commented that previously she felt the same way; however after hearing the various presentations she learned that ACPE really closely monitors the schools and the preceptors.

Mr. Law commented that the board needs to require that the schools meet a certain hour requirement so that the scenario that Mr. Room described earlier could not occur.

President Weisser remarked that over the years he has wondered how much of an emphasis the pharmacy schools place on graduating students who have an appreciation for practice in community pharmacies vs. clinical practice. Mr. Law responded that in top pharmacy schools 30% of graduates work in clinical settings and 70% of graduates work in community pharmacies.

Ms. Butler commented that like President Weisser, she was previously concerned about students gaining experience in community settings. However after the committee meeting she felt assured that ACPE accredited schools give students experience in all settings.

Dr. Wong commented that knowledge gained in clinical settings can be used in community pharmacy settings. President Weisser agreed.

Steve Gray, representing CSHP, commented that there is a perceived discrepancy in the requirements for California applicants and out-of-state applicants. Currently California applicants must have their hours signed off by the pharmacist who did the training or PIC of the location where they worked, however out-of-state applicants do not have to submit the same documentation. Dr. Gray clarified that even if the board does not choose to accept graduation in place of intern hours; they should review the licensing processes to ensure that the requirements are being implemented equally for all applicants.

Dr. Gray also commented that CSHP is worried that current graduates of pharmacy schools are not entering the workforce practice ready and have a lack of maturity (no work experience). He noted that many schools use simulations rather than real experience. Dr. Gray stated that ACPE is currently designing the new standards for accreditation and encouraged the board to participate in the process. Dr. Gray concluded that it is very difficult for current students to gain intern hours outside of their school.

Chair Veale asked Dr. Gray to clarify if CSHP supports the request made by the various schools of pharmacy to change the intern hour reporting. Dr. Gray confirmed that CSHP was in support of the proposal.

At the request of Mr. Schaad, Dr. Gray provided an overview of the use of simulations used in schools of pharmacy.

Ms. Herold clarified that every applicant, regardless of state, signs their application stating that they have completed 900 hours of practice experience under the direct supervision of a pharmacist. Dr. Gray responded that the board requires California students to submit affidavits signed by the pharmacist that supervised them, while out-of-state applicants do not have to provide such documentation. Dr. Gray clarified that the difference in documentation required by the board is why CSHP feels that California students are being held to a higher standard.

Holly Strom, former board member, commented that many graduates leave school and are not ready for practice. She added that when she was a board member she attended an ACPE accreditation and was very impressed with the rigor that the schools are held to and encouraged current board members to attend them if possible.

Sam Shimomura, Associate Dean of Western University School of Pharmacy, commented that many times students go back to the location they completed the intern hours and the PIC or supervising pharmacist has left the pharmacy. Dr. Shimomura added that Western University finds simulations to be a helpful educational tool and recommends that the board consider adding a simulation portion to the CPJE.

At the request of Mr. Law, Dr. Shimomura explained that of the approximately 140 graduates about 30-40 students choose to study clinical pharmacy and the rest study community pharmacy.

Dennis McAllister, representing ACPE, reported that the draft ACPE standards are now available for review online and they will be reviewed at the NABP meeting in Phoenix. Dr. McAllister explained that ACPE changed their standards to allow students have 30 of their experience hours to be gained via simulation; the remaining 1,710 must be done in a pharmacy.

President Weisser asked Dr. McAllister (who currently serves on the Arizona Board of Pharmacy) if they have issues with pharmacists not conducting patient consultations. Dr. McAllister responded lack of consultation is hard to quantify but seems to be a common problem in all states. He added that six or seven years ago the Arizona board took the stance that any issue that resulted in the patient needed to file a complaint with the board or caused patient harm and could have been prevented by proper consultation, would result in an automatic fine.

Mr. Law asked Dr. McAllister if he thought that ACPE would ever lower the number of experience hours a student needs to complete prior to graduation. Dr. McAllister responded that he does not anticipate ACPE would ever lower the hour requirement as

they understand how important quality experience is to graduating practice ready pharmacists.

Representatives from the University of California San Francisco, University of San Diego, Touro University and the University of the Pacific expressed their support of the proposal to change the intern hour requirements as presented to the board. The representatives also provided the board with insight into the pharmacy experience gained while in the various schools.

John Garret, pharmacy student at the University of San Diego, provided the board with insight into the experience gained in school by current pharmacy students. He noted that students face new hardships including increase in tuition fees and a decrease in the number of jobs available.

Ms. Butler asked if the representatives felt that students left the schools ready to practice pharmacy. It was clarified that the students were ready to sit for the CPJE exam.

Sam Shimomura, Associate Dean of Western University School of Pharmacy, commented that their preceptors receive training and continuing education opportunities. Dr. Shimomuro added that schools have been expanding the number of clerkship hours required for students.

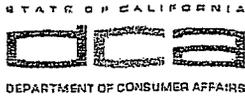
Ms. Herold suggested that staff provide different options to the board at the next meeting. Chair Veale asked that the board vote on the committee recommendation to change the requirements, and then if the motion passes board staff can provide options on how to implement the change.

Dr. Castellblanch commented that he would like to receive more options from board staff and discuss the item again at future meetings. Chair Veale responded that members who would like to receive more options rather than accepting graduation from an ACPE accredited school should vote the motion down so that the discussion can go back to committee.

Committee Recommendation (Motion): Direct staff to work with counsel to develop any statutory and regulatory changes necessary so that graduating from an ACPE accredited school of pharmacy meets the intern hours requirement for the application to the CPJE exam.

Support: 9 Oppose: 1 Abstain: 2

Attachment 6

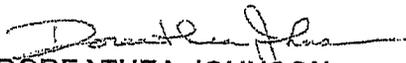


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RECEIVED BY CALIF
BOARD OF REGISTRY
2014 JUN 12 AM 9:52

MEMORANDUM

DATE	December 4, 2013
TO	Executive Officers, Executive Directors, Registrars & Bureau Chiefs
FROM	 DOREATHEA JOHNSON Legal Affairs Division Department of Consumer Affairs
SUBJECT	Revision of Conviction Questions on Applications

Over the past year, several boards and bureaus (B/B) within the Department have received demands from individuals or firms for revision to the convictions questions that appear on the B/B's applications. The requests are based on sections of law found in the Penal Code ("PC") and the Health and Safety ("H&S Code") that effectively exempt from disclosure certain arrests and/or convictions, and from a recent court case on the issue. This memo discusses the court case and the relevant code sections, and provides sample questions that B/Bs may include on their revised applications for licensure and renewal.

On licensing and renewal applications, B/Bs routinely exempt from disclosure certain criminal offenses. In addition to certain juvenile court proceedings, which are made confidential by Welfare and Institutions Code section 827, B/B applications additionally may exempt from disclosure misdemeanor traffic violations or infractions under a certain dollar amount. We advise, however, that all B/Bs review their initial licensure and renewal applications to ensure that they are consistent with each other, and consistent with all the laws regarding criminal convictions.

Marijuana Possession Charges

Under the Uniform Controlled Substance Act (H&S Code section 11000 et seq.), arrests and/or convictions for certain minor marijuana possessions charges need not be reported on applications. H&S Code section 11361.5 requires the destruction of these specific records two

years after the conviction, or if the arrest did not result in a conviction, the record must be destroyed two years after the arrest ("the two-year cut-off date").

H&S Code section 11361.7(b) additionally provides that no B/B can base discipline or in any way deny or limit a license based on these specified arrests or convictions, or based on the facts or events leading to the arrest or conviction, on or after the two-year cut-off date.

Furthermore, under H&S Code section 11361.7(c), any person arrested or convicted of one of the specified charges may, after the two-year cut-off date, indicate in response to any question concerning prior arrest or conviction that he or she was neither arrested nor convicted for the act.

Deferred Entry of Judgment ("DEJ")

The law also requires that applicants not be required to disclose certain minor marijuana possession charges, and charges subject to Deferred Entry of Judgment ("DEJ"). Under PC section 1000.1, a defendant who meets certain conditions may bypass the criminal process to enter a drug treatment program. Successful completion of the program would then lead to a dismissal of the criminal charges, and would in most cases prevent an administrative agency from taking disciplinary action against the licensee or applicant.

Pursuant to Bus. & Prof. Code section 461, DCA B/Bs are prohibited from asking initial applicants about arrests. For renewal applicants, however, if a licensee successfully completes the DEJ program, a conviction does not occur, and under PC section 1000.4(a) the arrest is deemed to have never occurred. Note however, that if the renewal application is filed before completion of the DEJ program, the licensee must disclose the arrest if so required, and the underlying acts may be used by the licensing entity as the basis for discipline since, at this stage, judgment on the charge is deferred, not yet dismissed.

The Starbucks Case

The Fourth District Court of Appeal provided guidance on the substance, size, and placement of the marijuana arrest and conviction exceptions in conviction questions on applications.¹ In this case, a group of employment applicants sued Starbucks alleging that it illegally asked about marijuana convictions that were more than two years old on its employment application. In deciding the case, the court noted that though Starbucks provided a disclaimer related to marijuana convictions over two years old on its application, its size and placement within the application were such that it was not sufficient to attract the attention of an applicant. The court found that had Starbucks included its disclaimer immediately following the convictions

¹ *Starbucks Corp. v. Superior Court* (2011) 168 Cal.App.4th 1436, 1444. Though the court ruled on an employment application, its ruling is likely to apply equally to questions on licensing applications.

question, the note on the exception would have been adequate, and the suit against it would have been dismissed.

This case is therefore valuable in evaluating whether your statement on conviction exceptions will be deemed sufficient under the law. For this reason, we recommend that exceptions be either incorporated into the conviction questions or be placed immediately following it in the same size as the question. We do not recommend that you place the exceptions in a separate document with definitions, and/or instructions, as this is likely to be viewed by a court as being not sufficient to draw the attention of the applicant or licensee.

Sample Application Questions

Following are sample questions that meet the requirements of the laws discussed above. These questions are categorized as initial application questions, and renewal questions:

Initial Application Questions:

1. Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United States or a foreign country? **This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed.**
2. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b), have you had a conviction that was set aside or later expunged from the records of the court?
3. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

Renewal Application Question:

Subsequent to the issuance of your license or since you last renewed, have you had any license disciplined by a government agency, the USA or its territories, military court, a foreign government, or other disciplinary body, or have you been arrested, convicted or pled guilty or nolo contendere to any crime? **Do NOT list charges dismissed under section 1000.3 of the California Penal Code or**

Questions Regarding Convictions
December 4, 2013
Page 4

equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b). Include all other arrests, pleas, and convictions for misdemeanors and felonies, and traffic infractions involving drugs or alcohol, and all infractions resulting in fines over \$300.

It is understood that each of your agencies may have different language on your various applications, as well as different regulations governing what must be disclosed. It is therefore imperative that you work with your legal counsel to ensure that your revisions comply with the requirements of the laws discussed here and with your individual practice acts. **In addition, we advise that you work with your assigned legal counsel to determine how to respond to questions regarding disclosure until your applications are amended consistent with this memo, how to use or not use information that may have been disclosed that was not required to be disclosed under the respective laws discussed and, lastly, how to address convictions that were not disclosed, even if your applications still appear to require disclosure.**

cc: DCA Attorneys

Sample Application Questions - from the DCA Legal Office

Following are sample questions that meet the requirements of the laws discussed above. These questions are categorized as initial application questions, and renewal questions:

Initial Application Questions:

1. Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United States or a foreign country? **This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed.**
2. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b), have you had a conviction that was set aside or later expunged from the records of the court?
3. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

Renewal Application Question:

Subsequent to the issuance of your license or since you last renewed, have you had any license disciplined by a government agency, the USA or its territories, military court, a foreign government, or other disciplinary body, or have you been arrested, convicted or pled guilty or nolo contendere to any crime? **Do NOT list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b). Include all other arrests, pleas, and convictions for misdemeanors and felonies, and traffic infractions involving drugs or alcohol, and all infractions resulting in fines over \$300.**

P. TECHNICAL Application

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? If "yes," attach a statement of explanation. If "no," proceed to #2. Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? If "yes," attach a statement of explanation.</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>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																
<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>Attach a statement of explanation.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																
<p>3. Has disciplinary action ever been taken against your pharmacist license, intern permit or technician license in this state or any other state? If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																
<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? If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																
<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? If "yes," provide the name of company, type of permit, type of action, year of action and state.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																
<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>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																
<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 "Yes" if you have ever been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea 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 "NO" 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>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.</p> <table border="1" data-bbox="235 1696 1349 1948"> <thead> <tr> <th>Arrest Date</th> <th>Conviction Date</th> <th>Violation(s)</th> <th>Court of Jurisdiction (Full Name and Address)</th> </tr> </thead> <tbody> <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)																													<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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

Request for Renewal of California Pharmacy Technician Registration

Name:		License Number:	Expire Date:
*Previous Address of Record: Number and Street		City, State, Zip	
*Current Address of Record: Number and Street		City, State, Zip	
Residence Address: (if different from above)		City, State, Zip	
Telephone Number:	Email address:	Date of Birth	
Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the USA and its territories, military court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING. YES <input type="checkbox"/> NO <input type="checkbox"/>			
I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.			
Signature: _____		Date: _____	

Cut here ✂

Complete the form above and submit to the Board of Pharmacy no more than 60 days before to the expiration date of the license. Enclose a check or money order in the amount of \$100 if submitting before the expiration date, or \$150 if the license has expired (\$100 renewal fee plus \$50 delinquency fee). Fees submitted more than 60 days before the expiration date will be returned.

Mail upper portion with your check or money order, made payable to the CA Board of Pharmacy, to:

California State Board of Pharmacy, 1625 N. Market Blvd. N219, Sacramento, CA 95834

***Your address of record with the board is considered public information pursuant to the Information Practices Act (Civil Code sections 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. If you do not wish your home or work address to be available to the public, you may provide another address but you must also provide your residence address as an alternate address that will be used by the board to contact you but will not be placed on the Internet.**

All items of information requested are mandatory. Failure to provide any of the information will result in the request for renewal being rejected as incomplete. The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 574-7900, 1625 N. Market Blvd. N219, Sacramento, CA 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.

→ **INSTRUCTIONS:** Check the box to "YES" if, since your last renewal, you have had any license disciplined by a government agency or have you been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restriction.

Check the box next to "NO" if since your last renewal you have not had a license disciplined by another government agency and you have not been convicted of a crime.

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.

Mandatory Reporter

Under California law each person licensed by the Board of Pharmacy is a "mandated reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. California Penal Code section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 [generally law enforcement agencies] 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 whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practically possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. Failure to comply with the requirements of Section 11166 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 sections 11164, and following.

Pharmacist

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

Arrest Date	Conviction Date	Violation(s)	Court of Jurisdiction (Full Name and Address)

Excerpt of Board Meeting Minutes - January 29-30, 2014

VII. LICENSING COMMITTEE

Deborah Veale provided a report on the Licensing Committee meeting held on December 11, 2013.

a. **Evaluation of the Text for Criminal Conviction Questions on Board Applications**

Background

Currently applicants are advised that failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application.

The Legal Office has asked boards to review the criminal conviction questions on its applications and consider changes to ensure consistency with legal requirements.

Committee Discussion and Action

The committee discussed briefly the need for review of the application questions used by the board to ascertain arrest and conviction history as part of its process in evaluation of an application for licensure. Counsel suggested that this review should include conformance with legal requirements that may have changed since the questions were originally developed.

The committee took no formal action on this item, but directed staff to work with counsel to complete the necessary review and bring the matter back to the committee for further discussion and possible action.

Board Discussion

Dr. Wong noted that the majority of the disciplinary cases that come before the board are for pharmacy technicians. Dr. Wong added that improving the questions and creating minimum requirements for technicians may help reduce the number of cases that come before the board.

Mr. Brooks commented that in his opinion a lot of times people check “no” because they think that having a conviction expunged or closed means they don’t have to disclose it to the board. He would like to see the conviction question specifically ask if the applicant has any convictions that have been expunged.

Mr. Lippe inquired if the board could simply ask if applicants had ever been arrested. Mr. Room responded that the board cannot ask about arrests that do not lead to convictions.

Mr. Room reported that with every dismissal under 1203.4, there is an order issued that specifically says even though this conviction has been dismissed you are still required to disclose this conviction in response to a direct question on a licensing application.

Dr. Wong expressed his opinion that the board should have a list of “ground rules” for automatic disqualification of licensure so people don’t waste their time and money going to school.

Mr. Room briefly explained the application process and clarified that when an applicant does not disclose a conviction, and the board is made aware of it via the fingerprinting process, the board sends out a letter asking the applicant for an explanation of the conviction and why it

was not disclosed. The board does not deny applications solely on the honest mistake of not disclosing information; rather it considers the facts of the underlying conviction.

Ms. Veale commented that the board should consider if the language used in the questions is confusing.

Ms. Herold added that while there is no specific list of disqualifying convictions pharmacy technician schools know that the board considers how long ago the conviction was, if there are multiple convictions and if the convictions are substantially related to the practice of pharmacy or work in a pharmacy.

Steve Gray, individual, commented that applicants are often confused about what they need to disclose in regards to past convictions, especially where they are not from California or if the conviction occurred while they were juveniles. Mr. Room responded that juvenile “convictions” are actually adjudications and the board does not have access to juvenile adjudications via the fingerprinting process as these records are sealed. Dr. Gray stated that clarification of disclosing juvenile adjudications would be helpful on the application.

Dr. Gutierrez asked if the board could look at the language other departmental board’s use on their applications. Mr. Room stated that in his opinion the board’s language is as good, or better than other department applications. Anne Sodergren provided that the request to review the application conviction question language was made to all of the Department of Consumer Affairs not just the board. Mr. Room added that the department began the review process as the result of a statute that no longer requires certain types of marijuana related convictions to be disclosed.

Ms. Veale asked if the board has questions and answers for filling out applications on its website. Ms. Herold responded that there are instructions provided to applicants.

Ms. Herold stated that if the board wants to make certain types of convictions automatic disqualifiers they would need to promulgate a regulation. Mr. Room noted that the Registered Nursing Board has a regulation that defines what specifically what type of convictions disqualify applicants from licensure.

Mr. Brooks asked that the Licensing Committee work with staff and legal counsel on clarifying the criminal conviction questions.

Attachment 7

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
I. APPLICATIONS													
A. Received													
Pharmacist (exam applications)	190	155	137	140	79	107	82	73	69	158	663		1853
Pharmacist (initial licensing applications)	290	521	251	198	142	105	23	6	167	60	16		1779
Intern pharmacist	65	475	403	340	41	96	124	104	74	71	132		1925
Pharmacy technician	854	763	743	663	471	792	556	527	579	350	438		6736
Pharmacy	35	35	35	30	27	46	31	33	34	13	27		346
Pharmacy Exempt	0	0	0	0	0	0	1	0	0	0	0		1
Pharmacy - Temp	11	10	11	5	10	17	5	15	13	14	12		123
Sterile Compounding	3	6	2	3	2	18	19	45	95	127	244		564
Sterile Compounding - Exempt	0	0	0	0	0	0	0	4	0	0	0		4
Sterile Compounding - Temp	0	3	0	0	0	6	0	3	0	0	0		12
Nonresident Sterile Compounding	1	3	1	2	1	1	1	0	0	3	2		15
Clinics	16	4	12	6	2	4	1	7	4	2	3		61
Clinics Exempt	18	0	1	5	0	3	3	0	0	0	0		30
Hospitals	3	2	4	1	0	2	3	0	3	10	2		30
Hospitals Exempt	0	0	0	0	0	1	0	0	0	0	0		1
Hospitals - Temp	0	1	0	0	0	2	0	0	0	0	0		3
Drug Room	0	0	0	0	0	0	0	0	0	0	0		0
Drug Room Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Pharmacy	7	11	9	13	7	12	31	13	11	12	3		129
Nonresident Pharmacy - Temp	1	2	2	0	3	4	15	1	0	1	0		29
Licensed Correctional Facility	0	0	0	0	1		0	0	0	0	0		1
Hypodermic Needle and Syringes	0	0	1	0	0	5	1	1	2	4	0		14
Hypodermic Needle and Syringes Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Wholesalers	10	5	12	6	9	10	3	5	5	9	6		80
Nonresident Wholesalers - Temp	2	0	2	2	0	4	4	2	0	1	0		17
Wholesalers	7	11	14	6	3	7	8	0	6	4	7		73
Wholesalers Exempt	0	0	0	0	0	0	2	0	0	0	0		2
Wholesalers - Temp	1	1	0	1	0	3	0	0	0	1	0		7
Veterinary Food-Animal Drug Retailer	0	0	0	0	1	0	0	0	0	0	0		1
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Designated Representatives	43	37	68	38	35	76	23	29	42	18	26		435
Designated Representatives Vet	0	1	1	0	1	1	1	0	0	0	0		5
Centralized Hospital Packaging (updated 6/2014)	0	1	0	2	0	0	0	0	2	2	2		9
Total	1557	2047	1709	1461	835	1322	937	868	1106	860	1583	0	14285

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
B. Issued													
Pharmacist	307	541	155	295	139	119	27	4	126	81	24		1818
Intern pharmacist	104	215	553	398	51	64	74	105	45	99	105		1813
Pharmacy technician	620	681	475	813	655	637	902	519	425	561	317		6605
Pharmacy	47	30	44	33	26	32	34	12	24	16	21		319
Pharmacy - Exempt	1	0	0	1	0	1	1	0	0	0	1		5
Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Sterile Compounding	4	3	2	4	3	0	3	2	4	2	141		168
Sterile Compounding - Exempt	0	0	1	0	1	0	0	0	0	0	25		27
Sterile Compounding - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Sterile Compounding	3	2	0	2	1	2	3	0	0	0	1		14
Clinics	13	8	10	7	3	7	9	0	0	1	6		64
Clinics Exempt	2	1	17	0	1	1	3	0	0	0	0		25
Hospitals	2	2	1	0	1	1	1	1	5	1	2		17
Hospitals Exempt	0	0	0	2	0	0	0	0	0	0	1		3
Hospitals - Temp	0	0	0	1	0	0	0	0	0	0	0		1
Drug Room	0	0	0	0	0	0	1	0	0	0	0		1
Drug Room Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Pharmacy	7	8	7	8	15	11	10	1	0	4	15		86
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Licensed Correctional Facility	0	0	0	0	0	0	1	0	0	0	0		1
Hypodermic Needle and Syringes	2	0	0	1	1	4	1	0	0	0	2		11
Hypodermic Needle and Syringes Exempt	0	0	0	0	0		0	0	0	0	0		0
Nonresident Wholesalers	11	2	8	5	13	22	9	0	1	4	4		79
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Wholesalers	4	4	3	7	2	0	12	3	3	4	1		43
Wholesalers Exempt	0	0	0	0	0	0	0	0	0	0	1		1
Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0	0	0	0		0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Designated Representatives	54	54	28	40	36	51	20	20	29	25	20		377
Designated Representatives Vet	1	6	1	2	0	1	0	1	0	1	0		13
Centralized Hospital Packaging	0	0	0	0	0	0	0	1	0	0	0		1
Total	1182	1557	1305	1619	948	953	1111	669	662	799	687	0	11492

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I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
C. Pending													
Pharmacist (exam applications)	649	281	530	527	466	354	335	388	374	499	802		0
Pharmacist (eligible)	1441	268	1006	1069	812	785	824	813	724	642	864		0
Intern pharmacist	157	373	192	147	153	139	192	189	216	179	194		0
Pharmacy technician	2636	2362	2743	2623	2688	2733	2010	2003	2064	1864	1916		0
Pharmacy	150	130	140	129	135	150	136	154	163	156	159		0
Pharmacy - Exempt	2	2	2	1	1	1	0	0	0	1	1		0
Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Sterile Compounding	25	20	27	25	28	41	54	93	179	303	377		0
Sterile Compounding - Exempt	2	2	1	0	0	0	0	4	4	4	32		0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Sterile Compounding Clinics	18	17	20	22	22	21	20	20	20	23	23		0
Clinics	50	45	46	47	48	43	36	43	47	48	46		0
Clinics - Exempt	25	17	8	13	12	14	5	5	5	5	6		0
Hospitals	12	12	10	11	11	10	14	14	9	8	6		0
Hospitals - Exempt	0	1	0	0	0	1	1	1	1	0	0		0
Hospitals - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Drug Room	0	0	0	0	1	1	0	0	0	0	1		0
Drug Room - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Pharmacy	91	70	91	102	96	94	110	121	132	139	125		0
Nonresident Pharmacy - Temp	0	0	0	0		0	0	0	0	0	0		0
Licensed Correctional Facility	0	0	0	0	1	1	0	0	0	0	0		0
Hypodermic Needle and Syringes	16	5	16	16	9	9	4	5	7	7	9		0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Wholesalers	91	67	43	100	97	77	56	60	62	68	62		0
Nonresident Wholesalers - Temp	0	0	0	0		0	0	0	0	0	0		0
Wholesalers	65	47	70	70	70	74	69	70	72	66	69		0
Wholesalers - Exempt	1	0	0	0	0	0	0	0	1	1	0		0
Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Veterinary Food-Animal Drug Retailer	2	0	2	2	3	2	2	2	2	2	2		0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Designated Representatives	140	78	112	137	141	153	143	139	150	138	125		0
Designated Representatives Vet	8	2	0	0	1	1	2	1	1	0	0		0
Centralized Hospital Packaging (updated 6/2014)	8	8	8	8	8	8	7	7	9	12	14		0
Total	5589	3807	5067	5049	4803	4712	4020	4132	4242	4165	4833	0	0

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I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
D. Withdrawn													
Pharmacist (exam applications)	0	0	0	0	98	147	0	0	0	0	0		245
Pharmacist (eligible)	0	0	0	0	0	0	0	0	0	0	0		0
Intern pharmacist	1	2	0	0	0	17	0	0	0	0	0		20
Pharmacy technician	5	0	0	1	7	11	442	9	15	3	8		501
Pharmacy	0	0	0	0	1	1	3	0	0	2	1		8
Pharmacy - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Sterile Compounding	0	0	0	0	0	1	0	0	0	0	1		2
Sterile Compounding - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Sterile Compounding	0	0	0	0	0	0	0	0	0	0	1		1
Clinics	0	0	0	0	0	0	0	0	0	0	0		0
Clinics - Exempt	0	0	0	0	0	0	6	0	0	0	0		6
Hospitals	0	0	0	0	0	0	0	0	0	0	0		0
Hospitals - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Hospitals - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Drug Room	0	0	0	0	0	0	0	0	0	0	0		0
Drug Room - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Pharmacy	1	0	0	0	0	0	0	0	0	0	1		2
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0	0		0
Hypodermic Needle and Syringes	1	0	0	0	7	0	0	0	0	0	0		8
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Wholesalers	0	0	0	0	3	4	7	1	1	0	9		25
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Wholesalers	17	0	0	0	0	2	0	0	1	5	2		27
Wholesalers - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0	0	0	0		0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Designated Representatives	22	0	0	0	0	0	1	0	3	2	10		38
Designated Representatives Vet	0	0	0	0	0	0	0	0	0	0	0		0
Centralized Hospital Packaging	0	0	0	0	0	0	0	0	0	0	0		0
Total	47	2	0	1	116	183	459	10	20	12	33	0	883

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I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
E. Denied													
Pharmacist (exam applications)	2	0	1	1	1	1	0	0	0	0	0		6
Pharmacist (eligible)	0	0	0	0	0	0	0	0	0	0	0		0
Intern pharmacist	0	0	0	1	0	1	2	0	1	0	0		5
Pharmacy technician	3	7	1	3	3	5	3	10	2	2	5		44
Pharmacy	0	0	0	3	2	0	1	1	3	0	0		10
Pharmacy - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Sterile Compounding	0	1	0	0	0	0	0	0	1	0	2		4
Sterile Compounding - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Sterile Compounding	0	0	0	0	0	0	0	0	0	0	0		0
Clinics	0	0	0	0	0	0	0	0	0	0	0		0
Clinics - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Hospitals	0	0	0	0	0	0	0	0	0	0	0		0
Hospitals - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Hospitals - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Drug Room	0	0	0	0	0	0	0	0	0	0	0		0
Drug Room - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Pharmacy	0	1	0	1	0	0	0	0	0	0	1		3
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0	0		0
Hypodermic Needle and Syringes	0	0	0	0	0	0	0	0	0	0	0		0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Wholesalers	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Wholesalers	0	0	0	1	0	0	0	0	0	0	0		1
Wholesalers - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0	0	0	0		0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0	0		0
Designated Representatives	0	0	0	0	0	0	0	0	0	0	0		0
Designated Representatives Vet	0	0	0	0	0	0	0	0	0	0	0		0
Centralized Hospital Packaging	0	0	0	0	0	0	0	0	0	0	0		0
Total	5	9	2	10	6	7	6	11	7	2	8	0	73

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II. RESPOND TO STATUS REQUESTS

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
A. E-mail status requests and inquiries													
Pharmacist/Intern	568	389	286	200	153	153	162	172	249	471	669		3472
Pharmacy Technicians	523	601	436	534	395	542	404	418	651	529	637		5670
Site Licenses (pharmacy, clinic)	307	531	268	388	265	301	479	0	0	56	132		2727
Site Licenses (wholesalers)	248	375	247	264	207	250	316	315	254	358	104		2938
Pharmacist-in-Charge	215	242	353	326	279	403	273	314	0	41	58		2504
Renewals	71	145	112	109	92	116	140	138	76	157	365		1521
B. Telephone status requests and inquiries													
Site Licenses (pharmacy, clinic)	146	194	137	162	203	148	135	0	0	76	77		1278
Site Licenses (wholesalers)	142	195	163	212	134	104	113	112	97	178	296		1746
Pharmacist-in-Charge	50	91	77	70	175	76	109	90	0	28	52		818
Renewals	492	697	531	609	680	404	548	587	570	298	340		5756

III. UPDATE LICENSING RECORDS

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
A. Change of Pharmacist-in-Charge***													
Received	97	95	103	94	114	138	133	117	105	73	102		1171
Processed	16	105	152	337	89	68	142	92	91	65	107		1264
Pending	1023	1013	964	275	296	309	300	325	264	47	73		0
B. Change of Exemptee-in-Charge***													
Received	13	10	19	14	9	14	8	14	9	9	10		129
Processed	0	7	23	13	12	10	7	7	8	9	5		101
Pending	249	252	248	37	43	49	34	35	74	4	12		0
C. Change of Permits													
Received	46	45	50	39	64	124	61	82	96	51	81		739
Processed	54	54	48	93	78	176	72	75	7	4	44		705
Pending	450	441	443	389	320	161	70	127	154	219	218		0
D. Discontinuance of Business***													
Received	31	27	22	5	19	22	18	21	7	29	25		226
Processed	16	9	43	12	18	18	9	2	2	6	17		152
Pending	253	271	250	149	153	153	162	181	119				0
E Requests processed													
Address/Name Changes	1250	1200	1065	1030	891	764	919	900	1023	779	682		10503
Off-site storage		56			46			38					140
Transfer of intern hours	13	11	6	8	5	7	9	3		5	7		79
License verification	162	168	93	170	190	123	209	143	178	191	119		1746

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IV. AVERAGE PROCESSING TIMES

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
A. Average days to process initial applications												
Pharmacist (exam application)	25	23	20	23	17	12	8	9	12	20	9	
Pharmacy Intern	9	4	4	6	4	4	6	10	13	18	31	
Pharmacy Technician	31	41	30	46	36	24	31	30	32	41	50	
Pharmacies	24	24	16	24	14	24	20	17	45	60	90	
Non-Resident Pharmacies	24	24	16	24	14	24	20	17	45	60	90	
Wholesaler	24	24	16	24	14	24	20	17	11	20	90	
Veterinary Drug Retailers	24	24	16	24	14	24	20	17	11	20	90	
Designated Representatives	24	24	16	24	9	24	20	17	14	18	18	
Out-of-State Distributors	24	24	16	24	14	24	20	17	11	23	90	
Clinics	24	24	16	24	14	24	20	17	45	30	909	
Hypodermic Needle & Syringe Distributors	24	24	16	24	14	24	20	17	11	30	90	
Sterile Compounding	24	24	16	24	14	24	20	17	45	50	90	
Change of Permit	58	45	59	23	19	10	9	10	30	25	26	
Change of Pharmacist-in-Charge	27	22	38	21	18	17	13	20	28	29	25	
Change of Designated Representative-in-Charge	0	9	24	47	19	19	18	17	29	11	13	
Discontinuance of Business	68	13	51	6	19	19	18	19	29	27	25	

B. Average days to process deficiency documents

Pharmacist (exam application)	3	3	4	3	3	4	3	3	3	3	2	
Pharmacy Intern	3	3	2	3	4	3	3	1	2	3	2	
Pharmacy Technician	2	2	1	1	1	1	1	1	1	1	1	
Pharmacies	5	5	5	6	8	4	4	3	2	2	2	
Non-Resident Pharmacies	5	5	5	6	5	4	4	3	2	2	2	
Wholesaler	5	5	5	6	8	4	4	3	2	2	2	
Veterinary Drug Retailers	5	5	5	6	8	4	4	3	2	2	2	
Designated Representatives	5	5	5	6	8	4	4	3	2	2	2	
Out-of-State Distributors	5	5	5	6	8	4	4	3	2	2	2	
Clinics	5	5	5	6	8	4	4	3	2	2	2	
Hypodermic Needle & Syringe Distributors	5	5	5	6	8	4	4	3	2	2	2	
Sterile Compounding	5	5	5	6	8	4	4	3	2	2	2	

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IV. AVERAGE PROCESSING TIMES (cont.)

C. Average days to issue a license after all deficiencies are corrected

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist (initial licensing)	3	4	3	3	3	2	2	2	1	2	2	
Pharmacy Intern	3	3	3	3	2	2	2	1	2	5	3	
Pharmacy Technician	10	4	4	2	2	2	2	2	2	3	2	
Pharmacies	10	10	18	15	17	13	10	23	16	13	11	
Non-Resident Pharmacies	10	10	18	15	17	13	10	23	16	13	2	
Wholesaler	10	10	18	15	17	13	10	23	16	13	2	
Veterinary Drug Retailers	10	10	18	15	17	13	10	23	16	13	11	
Designated Representatives	20	10	18	15	4	4	2	9	8	9	8	
Out-of-State Distributors	10	10	18	15	17	13	10	23	16	13	15	
Clinics	10	10	18	15	17	13	10	23	16	13	30	
Hypodermic Needle & Syringe Distributors	10	10	18	15	17	13	10	23	16	13	13	
Sterile Compounding	10	10	18	15	17	13	10	23	16	13	4	

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V. Revenue Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
A. Revenue Received													
Applications	203,413	274,216	254,207	188,092	152,962	176,513	180,284	160,592	207,540	183,654			\$1,981,473
Renewals	923,118	719,675	1,661,295	804,584	663,167	737,826	837,156	787,796	917,244	587,343			\$8,639,202
Cite and Fine	219,955	220,754	181,294	144,169	129,166	248,203	129,600	130,511	233,391	128,792			\$1,765,834
Probation/Cost Recovery	37,575	9,853	129,224	42,744	10,126	33,965	117,449	34,536	63,283	23,941			\$502,697
Request for Information/Lic. Verification	3,020	3,045	2,125	2,965	3,950	2,175	3,835	3,000	2,895	1,050			\$28,060
Fingerprint Fee	7,791	5,684	10,850	8,330	5,635	5,006	6,376	5,726	7,889	7,644			\$70,931
B. Renewals Received													
Pharmacist	1453	1751	1731	1805	1512	1569	1576	1551	1429	1523	1502		17402
Pharmacy technician	2443	2619	2745	2770	2350	2380	3013	2339	2615	2444	2236		27954
Pharmacy	201	311	617	467	200	625	515	420	948	617	769		5690
Pharmacy - Exempt	0	0	78	35	1	0	1	1	0	1	1		118
Sterile Compounding	14	13	20	46	17	23	11	11	7	9	32		203
Sterile Compounding - Exempt	0	1	0	0	3	0	0	0	0	0	0		4
Nonresident Sterile Compounding	9	6	9	7	5	2	5	8	4	1	2		58
Clinics	77	76	90	57	57	54	104	85	113	52	59		824
Clinics - Exempt	2	0	100	60	5	12	2	0	2	0	1		184
Hospitals	15	21	29	78	30	23	43	34	35	17	31		356
Hospitals - Exempt	0	0	55	20	9	0	1	0	0	1	0		86
Drug Room	4	2	1	2	1	2	2	2	0	3	1		20
Drug Room - Exempt	0	0	6	3	2	0	0	0	0	0	0		11
Nonresident Pharmacy	35	19	34	27	30	17	28	33	31	25	2		281
Licensed Correctional Facility	0	1	32	14	3	0	0	0	0	1	0		51
Hypodermic Needle and Syringes	23	10	16	30	31	21	23	18	22	15	6		215
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0	0	0	0		0
Nonresident Wholesalers	65	56	62	54	51	38	44	37	46	57	33		543
Wholesalers	53	67	35	43	28	31	29	55	37	31	20		429
Wholesalers - Exempt	0	0	6	3	0	3	0	0	0	0	1		13
Veterinary Food-Animal Drug Retailer	6	2	0	1	3	1	3	0	2	1	0		19
Designated Representatives	174	249	221	183	221	197	241	242	233	206	121		2288
Designated Representatives Vet	9	10	5	4	3	1	3	6	3	2	3		49
Total	4583	5214	5892	5709	4562	4999	5644	4842	5527	5006	4820	0	56798

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VI. Current Licensees	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist	42808	43335	43559	43713	43811	43911	43894	43878	44041	44052	44049	
Intern	5760	5474	5792	6016	4752	5858	5891	5982	5970	5989	6048	
Pharmacy technician	74206	74111	74278	74447	74409	74464	74571	74420	74337	74167	73860	
Pharmacy	6295	6312	6405	6337	6346	6350	6358	6340	6355	6359	6360	
Pharmacy - Exempt	122	122	122	123	121	119	119	118	118	118	119	
Sterile Compounding	242	243	243	247	245	242	241	240	246	246	387	
Sterile Compounding - Exempt	24	24	25	26	26	85	24	24	24	24	49	
Nonresident Sterile Compounding	95	96	96	96	97	95	94	91	90	89	89	
Clinics	1145	1153	1160	1165	1167	1174	1166	1155	1156	1155	1158	
Clinics - Exempt	233	234	251	251	252	254	234	234	234	234	234	
Hospitals	403	405	405	406	405	404	405	406	406	407	407	
Hospitals - Exempt	89	89	90	90	90	90	89	88	88	87	87	
Drug Room	27	27	27	27	27	27	25	25	25	25	25	
Drug Room - Exempt	16	16	16	16	16	16	14	14	14	14	14	
Nonresident Pharmacy	497	499	502	507	518	519	519	513	514	515	516	
Licensed Correctional Facility	52	52	52	52	52	53	53	53	53	53	53	
Hypodermic Needle and Syringes	349	349	350	271	351	355	342	342	342	342	343	
Hypodermic Needle and Syringes - Exempt	1	1	1	1	1	1	0	0	0	0	0	
Nonresident Wholesalers	822	810	831	831	830	849	814	813	814	816	823	
Wholesalers	630	621	634	633	621	619	611	605	610	612	611	
Wholesalers - Exempt	14	14	14	14	14	14	14	14	14	14	15	
Veterinary Food-Animal Drug Retailer	27	27	27	26	26	25	25	23	25	25	25	
Designated Representatives	3179	3232	3276	3302	3337	3382	3399	3418	3447	3470	3490	
Designated Representatives Vet	66	72	73	75	75	76	76	77	77	78	78	
Centralized Hospital Packaging	0	0	0	0	0	0	0	1	1	2	2	
Total	137102	137318	138229	138672	137589	138982	138978	138874	139001	138893	138842	0