



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

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



## **CHANGE OF PHARMACIST-IN-CHARGE (PIC) INSTRUCTIONS AND REQUIREMENTS**

**EFFECTIVE APRIL 1, 2025**, pursuant to California Code of Regulations (CCR), title 16, section 1709.1, the proposed PIC is required to complete the [Board's Pharmacist-in-Charge Overview and Responsibility training course](#), available on the Board's website, within two years prior to the date of application to serve as a PIC.

### **INSTRUCTIONS:**

- A. Application for Change of PIC (17A-14 rev 4/2025):** Complete and submit a signed and dated application (original signatures or digital signatures that comply with the [Board's Digital Signatures Policy Statement](#)).
- B. Application Fee: \$250.** Make check payable to the Board of Pharmacy.
  - **Note:** A fee is NOT required for applications seeking to appoint an Interim PIC. If the Interim PIC then becomes the permanent PIC, a new Application for a Change of PIC (17A-14 rev 4/2025), accompanied by the fee, is required.
- C. Nonresident Pharmacy:** In addition to submitting an Application for Change of PIC, the proposed PIC is required to:
  - Submit a signed and dated Certification of Personnel form (17A-11) (original signatures or digital signatures that comply with the [Board's Digital Signatures Policy Statement](#)).
  - Comply with fingerprinting requirements by submitting two Board-approved rolled fingerprint cards, accompanied by the \$49 fingerprint card processing fee. If the proposed pharmacist has served as a PIC for an active nonresident pharmacy license and has current electronic fingerprint results on file with the California State Board of Pharmacy, new fingerprints may not be required.

### **STATUTORY AND REGULATORY REFERENCES:**

**Business and Professions Code (BPC) section 4113(e) states:** "Every pharmacy shall notify the board in writing, on a form designed by the board, within 30 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge. The proposed replacement pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board." **Failure to make this required notification to the board may result in a citation and fine or disciplinary action.**

**BPC section 4113(f) states:** "If a pharmacy is unable, in the exercise of reasonable diligence, to identify within 30 days a permanent replacement pharmacist-in-charge to propose to the board on the notification form, the pharmacy may instead provide on that form the name of any pharmacist who is an employee, officer, or administrator of the pharmacy or the entity that owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis, to act as the interim pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity that owns the pharmacy, shall be prepared during normal business hours to provide a representative of the board with the name of the interim pharmacist-in-charge with documentation of the active involvement of the interim pharmacist-in-charge in the daily management of

## **CHANGE OF PHARMACIST-IN-CHARGE (PIC) INSTRUCTIONS AND REQUIREMENTS**

the pharmacy, and with documentation of the pharmacy's good faith efforts prior to naming the interim pharmacist-in-charge to obtain a permanent pharmacist-in-charge. By no later than 120 days following the identification of the interim pharmacist-in-charge, the pharmacy shall propose to the board the name of a pharmacist to serve as the permanent pharmacist-in-charge. The proposed permanent pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board."

**CCR, title 16, section 1709.1(a) states, in pertinent part:** "The pharmacist-in-charge (PIC) of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy. Prior to approval of the board, and as part of the application and notice process set forth in Section 1709 of this Division ("application"), a pharmacy shall submit its proposed PIC. The PIC shall have completed the board-provided Pharmacist-in-Charge Overview and Responsibility training course, available on the board's website, within two years prior to the date of application. The PIC shall complete an attestation statement in compliance with this section."

**NOTE:** Pursuant to BPC section 4101(a), any pharmacist-in-charge who ceases to act as the pharmacist-in-charge of a pharmacy shall notify the Board in writing within 30 days of the date of that change in status. The pharmacist may complete this required notification by sending the Board a [Notification of Disassociation as Pharmacist-in-Charge \(PIC\) \(17A-121\)](#) via email at [PICstatus@dca.ca.gov](mailto:PICstatus@dca.ca.gov).



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## APPLICATION FOR CHANGE OF PHARMACIST-IN-CHARGE (PIC)

**CHANGE OF PIC FEE: \$250**

**1. LICENSED FACILITY LOCATION** - Type or Print in Blue or Black Ink

Name of Facility \_\_\_\_\_ License # \_\_\_\_\_  
 Address of Facility \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Facility's Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email Address \_\_\_\_\_

**2. PROPOSED NEW PIC/INTERIM PIC:** A PIC is subject to approval by the Board. (BPC section 4113):

- A. Effective Date of Change (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Is this an Interim PIC? If yes, there is no fee. Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Is the proposed PIC employed at the licensed facility location? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Date that proposed PIC completed the Board's Pharmacist-in-Charge Overview and Responsibility training course (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Proposed PIC \_\_\_\_\_ Pharmacist License \_\_\_\_\_  
 Email Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**3. ATTESTATION STATEMENT OF PROPOSED PIC:**

My name and license number are correctly set forth in Section 2 above. I have read sections 4036.5, 4081, 4113, and 4330 of the Business and Professions Code and California Code of Regulations, title 16, section 1709.1. I completed the [Board's Pharmacist-in-Charge Overview and Responsibility training course](#) on the date set forth in Section 2D above. I declare under penalty of perjury of the laws of the State of California that all statements and information provided in this attestation statement are true and correct.

Signature of Proposed PIC \_\_\_\_\_ Date \_\_\_\_\_

**4. PIC BEING REPLACED**

A. Dissociation Date (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name of Prior PIC \_\_\_\_\_ Pharmacist License \_\_\_\_\_  
 Email Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of replaced PIC (If available) \_\_\_\_\_ Date \_\_\_\_\_

**5. OWNER/OFFICER REQUIRED SIGNATURE:**

*I certify that all statements, answers, and representations made on this form are true and correct.*

Signature of Owner/Officer Listed on the License \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Board Use ONLY - Cashier # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

PIC: DOJ/FBI \_\_\_\_\_ Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ Comments: \_\_\_\_\_



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### CERTIFICATION OF PERSONNEL

**1. Personal Information** - Please Type or Print

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

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Address - Street	City	State	Zip Code
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Personal Telephone Number	Work Telephone Number
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Email Address	US Social Security Number or ITIN	Date of Birth (Month/Day/Year)
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**2. Licensee Information**

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Facility Name	License #
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**3. Ownership Information**

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

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

Name of Facility	License Type and Number	State Issued

#### 4. DISCIPLINARY HISTORY

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

- A. Have you ever had an application for pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration denied?  
Yes \_\_\_ No \_\_\_ If Yes, attach a statement of explanation.
- B. Have you ever had a pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?  
Yes \_\_\_ No \_\_\_ If Yes, attach a statement of explanation.
- C. Have you ever had a pharmacy, wholesaler, third-party logistics provider, and/or any other entity license denied, suspended, revoked, placed on probation, or had other disciplinary action taken against a license you hold?  
Yes \_\_\_ No \_\_\_ If Yes, attach a statement of explanation.

#### 5. PRACTICE IMPAIRMENT OR LIMITATION

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

- A. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice pharmacy in a competent, ethical, and professional manner?  
Yes \_\_\_ No \_\_\_ If Yes, attach a statement of explanation.
- B. Have you ever participated in, been enrolled in, or been required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?  
Yes \_\_\_ No \_\_\_ If Yes, attach a statement of explanation.

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

**I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing Certification of Personnel form.**

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Signature of individual completing this form

Date



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## **FINGERPRINTING REQUIREMENTS AND LIVE SCAN INSTRUCTIONS**

**BRING THESE INSTRUCTIONS WITH YOU TO THE LIVE SCAN AGENCY.**

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

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

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

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

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

- **ORI:** Enter "A0071". This is the unique agency code for the Board of Pharmacy.
- **Authorized Applicant type:** Enter "License/Cert/Permit".
- **Type of License/Certification/Permit OR Working Title:** Enter "Pharmacist - Section 4050". This is unique for the specific application for license.
- **Agency Authorized to Receive Criminal Record Information:** Enter "Board of Pharmacy".
- **Mail Code:** Enter "05712". This is the unique five-digit code assigned by the DOJ for the Board of Pharmacy.
- **Street Address, City, State, and Zip Code:** Enter "2720 Gateway Oaks Drive, Suite 100, Sacramento CA 95833".
- **Contact Telephone Number:** Enter "(916) 518-3100".
- **Name of Applicant:** Enter your Legal Last Name, Legal First Name, and Middle Name. Do not use initials or name abbreviations.
- **Alias:** Enter all other names you have used, including your maiden name. If none, leave this section blank.
- **Driver's License No.** Enter your Driver's License Number, including the State.
- **DOB:** Enter your date of birth (month/day/year).
- **Sex:** Enter your gender.
- **Height:** Enter your height in feet and inches.
- **Weight:** Enter your weight in pounds.
- **Eye Color:** Enter the color of your eyes.
- **Hair Color:** Enter the color of your hair.
- **Billing Number:** Leave this section blank. Applicant is responsible for paying all fees associated with fingerprinting.
- **Place of Birth:** Enter your place of birth (City and State, or Country).
- **SSN:** Enter your Social Security Number. This is **MANDATORY** for the Board of Pharmacy.
- **Misc. Number:** Enter any other identification number and type. If none, leave this section blank.
- **Home Address, City, State, and Zip Code:** Enter your home address information into the applicable sections.
- **Level of Service:** Mark **BOTH DOJ and FBI**. You are required to have both DOJ and FBI level of service complete.
- **Employer:** This information is not required.



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

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

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Date of Birth Sex  Male  Female  Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

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

Applicant Signature

Date

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

Level of Service:  DOJ  FBI

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

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

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

Employer Name

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

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

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Notice

As Required by Civil Code § 1798.17

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

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

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

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

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

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

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

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





## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

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

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

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



## REQUEST FOR LIVE SCAN SERVICE

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### Noncriminal Justice Applicant's Privacy Rights

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

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

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

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

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

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

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

<sup>3</sup> See 28 CFR 50.12(b)

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