



**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



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

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.

**INSTRUCTIONS:** Submit an *Application for Change of PIC* form and the \$130 application fee. A *Certification of Personnel* form, fingerprint cards, and the \$49 fingerprint card processing fee is required by the proposed new PIC ONLY if the pharmacist is not licensed in California. If a proposed PIC is currently associated with an active nonresident pharmacy license and has electronic fingerprints on file with the California State Board of Pharmacy, new fingerprints may not be required. Make checks payable to the Board of Pharmacy.

**1. Licensed Facility Location** - Type or Print in Blue or Black Ink

Name of Facility \_\_\_\_\_ 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. Is this an interim PIC Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Is the proposed PIC employed at the licensed facility location? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Proposed New PIC \_\_\_\_\_ Pharmacist License \_\_\_\_\_  
 Effective Date of Change (Month/Day/Year) \_\_\_\_\_ Email Address \_\_\_\_\_

**3. PIC being REPLACED**

Name of Prior PIC \_\_\_\_\_ Pharmacist License \_\_\_\_\_  
 End Date (Month/Day/Year) \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
**Original** Signature of Corporate Officer, Partner, Owner or Member      Print Name      Title      Date

\_\_\_\_\_  
**Original** Signature of Proposed New PIC      Date      Signature of replaced PIC (If available)      Date

17A-14 (rev 10/2024)

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

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



**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



## CERTIFICATION OF PERSONNEL

### 1. Personal Information - Type or Print in Blue or Black Ink

---

Legal Last Name	Legal First Name	Middle Name
-----------------	------------------	-------------

---

Previous Names (AKA, Maiden Name, Alias, etc.)

---



---

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

---

Personal Telephone Number	Work Telephone Number	Email Address
---------------------------	-----------------------	---------------

---

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

### 2. Licensee Information

---

Facility Name	License #
---------------	-----------

### 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 California or any other state, jurisdiction, territory, or country. 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, jurisdiction, territory, or country.

**A.** Have you ever had an application for any professional or vocational license or registration denied or any professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

**Yes \_\_\_ No \_\_\_ If Yes, provide a signed and dated statement of explanation.**

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

**Yes \_\_\_ No \_\_\_ If Yes, provide a signed and dated 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 that all statements, answers, and representations made in the foregoing Certification of Personnel form are true and correct.**

---

Signature of individual completing this form

Date