



## APPLICATION INSTRUCTIONS FOR FILING A CLINIC CO-LOCATION APPLICATION

The board may issue clinic licenses authorized under sections 4180 of the Business and Professions Code to two independently owned clinics that share a clinic office space as defined in section 4180.5 of the Business and Professions Code.

To assist with the application process and requirements, a checklist is provided below. The board strongly encourages the applicants to submit all supporting documentation along with the application. It is not uncommon for the board to request additional documentation to confirm or substantiate information contained in the application. Allow the board 30 days to process the application upon receipt. The contact person for the application will be advised if additional information is necessary.

### Application Instructions and Checklist

- Clinic Co-location Application (17A-103):** Complete the entire application and submit with original signatures.
- Application Processing Fee \$750:** Include a check or money order for \$750 made payable to the Board of Pharmacy. This fee is nonrefundable.
- Clinic Co-Location Agreement:** Provide a copy of the co-location agreement between the two independently owned clinics. The co-location agreement shall be signed by each person who is authorized to bind the clinics as identified on the clinic co-location application (17A-103). The clinic co-location agreement shall include the following:
  1. An agreement to share the same facility
  2. Each clinic will maintain physically separate and locked drug stocks.
  3. Each clinic will separately maintain all records required by this article, including acquisition and disposition records.
  4. Dangerous drugs and dangerous devices will not be loaned between the two licensed clinics.
- Documentation from the Director of the Department of Health Care Services:** If the clinics listed on the clinic co-location application are currently licensed with the California State Board of Pharmacy, please submit the items listed in A and B with the clinic co-location application. If the clinics listed on the application have applied for a clinic license, please include the items listed in A and B with the appropriate Clinic Licensure Application (17A-42). These documents are required for the board to complete the approval of a clinic co-location application.
  - A. Provide documentation from the Director of the Department of Health Care Services that any Medi-Cal financing issues have been sufficiently addressed pursuant to subdivision (e) of section 4180.5 of the Business and Professions Code.
  - B. Provide documentation from the Director of the Department of Health Care Services that any licensing and regulatory issues have been sufficiently addressed pursuant to subdivision (f) of section 4180.5 of the Business and Professions Code.

Please Note: If a licensed clinic is relocating to share a clinic office space as defined in section 4180.5 of the Business and Professions Code a change of location application needs to be submitted for that clinic license. A clinic license is nontransferable. A license is issued to the owner(s) and to the location of the facility. A *change of ownership and/or change of location result in a new license number being issued to the new owner(s) and/or location. This requires approval by the board prior to the change occurring. Operating the facility prior to being issued a new license due to a change of ownership and/or location is unlicensed activity.*

**Business and Professions Code § 4180.**

(a) (1) Notwithstanding any provision of this chapter, any of the following clinics may purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at the clinic:

- (A) A licensed nonprofit community clinic or free clinic as defined in paragraph (1) of subdivision (a) of Section 1204 of the Health and Safety Code.
- (B) A primary care clinic owned or operated by a county as referred to in subdivision (b) of Section 1206 of the Health and Safety Code.
- (C) A clinic operated by a federally recognized Indian tribe or tribal organization as referred to in subdivision (c) of Section 1206 of the Health and Safety Code.
- (D) A clinic operated by a primary care community or free clinic, operated on separate premises from a licensed clinic, and that is open no more than 20 hours per week as referred to in subdivision (h) of Section 1206 of the Health and Safety Code.
- (E) A student health center clinic operated by a public institution of higher education as referred to in subdivision (j) of Section 1206 of the Health and Safety Code.
- (F) A nonprofit multispecialty clinic as referred to in subdivision (l) of Section 1206 of the Health and Safety Code.

(2) The clinic shall keep records of the kind and amounts of drugs purchased, administered, and dispensed, and the records shall be available and maintained for a minimum of three years for inspection by all properly authorized personnel.

(b) No clinic shall be entitled to the benefits of this section until it has obtained a license from the board. A separate license shall be required for each clinic location. A clinic shall notify the board of any change in the clinic's address on a form furnished by the board.

(c) The board shall synchronize license renewal dates and aggregate fees for multiple clinics under common nonprofit ownership at the request of the parent organization.

**Business and Professions Code § 4180.5.**

(a) The board may issue licenses authorized under Section 4180 to two independently owned clinics that share a clinic office space, provided that the clinics comply with the following:

(1) Each clinic maintains a separate clinic license with the board with its own professional directors, administrators, owners, and officers.

(2) Each clinic maintains physically separate and locked drug stocks.

(3) Each clinic separately maintains all records required by this article, including acquisition and disposition records.

(4) Dangerous drugs and dangerous devices shall not be loaned between the two licensed clinics.

(b) Dangerous drugs and dangerous device losses at the shared clinic office shall be reported to the board as required by law. Each clinic may be jointly and severally responsible for the drug losses.

(c) The applicants shall also provide the board with a copy of the co-location agreement and a one-time application fee of seven hundred fifty dollars (\$750) for the licenses.

(d) Any change in ownership in either clinic shall require a new application under this section and fees as required by subdivision (q) of Section 4400 and subdivision (c) of this section.

(e) The board shall not issue licenses authorized under Section 4180 to two independently owned clinics that share a clinic office space pursuant to this section until the board is provided with documentation from the Director of the Department of Health Care Services that any Medi-Cal financing issues, including the ability to claim associated federal financial participation or 340(b) program participation, have been sufficiently addressed to the director's satisfaction. The Department of Health Care Services may seek any federal approvals it deems necessary to implement this section.

(f) The board shall not issue licenses authorized under Section 4180 to two independently owned clinics that share a clinic office space pursuant to the section until the board is provided with documentation from the Director of the Department of Public Health that any licensing and regulatory issues have been sufficiently addressed to the director's satisfaction.

(g) This section shall become inoperative on January 1, 2021, and as of that date is repealed.



**California State Board of Pharmacy**

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DEPARTMENT OF CONSUMER AFFAIRS  
GAVIN NEWSOM, GOVERNOR

**CLINIC CO-LOCATION APPLICATION**

Pharmacy Law generally prohibits the board from issuing more than one site license to a single premises. The board may, however, pursuant to section 4180.5 of the Business and Professions Code, issue licenses to two clinics that share clinic office space.

Please identify the two clinics that will share an office space.

**Shared Location of Clinics**

Please print or type

Address: Number and Street		
City	State	Zip Code
Contact Person for the Application:	Email Address:	Telephone Number:

**Clinic Co-Location Agreement**

A copy of the clinic co-location agreement between Clinics 1 and 2 is attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinic 1 and Clinic 2 are independently owned?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Clinic 1 Information**

Name of Clinic (if existing licensee, use exact name):	Clinic License # (if already licensed by the board)
Clinic Address:	Clinic Telephone Number:
Name of Professional Director:	Telephone Number:
Name of Administrator:	Telephone Number:
Name of Person Authorized to Bind the Clinic (Owner, Officer, Member, Partner, Trustee):	Telephone Number:

- A. Attached is documentation from the Director of the Department of Health Care Services that any Medi-Cal financing issues have been sufficiently addressed to that director's satisfaction. [4180.5(e)] Yes  No
- B. Attached is documentation from the Director of the Department of Public Health that any licensing and regulatory issues have been sufficiently addressed to that director's satisfaction. [4180.5(f)] Yes  No
- C. Clinic 1 is not licensed by the board and a Clinic Licensure Application (17A-42) has been submitted? Yes  No 
  - Submit items A and B above with the Clinic Licensure Application (17A-42).

**For Office Use Only**

Date Processed _____	Approved _____	Cashiering # _____
Processed by _____	Denied _____	Date _____
	Date _____	Amount of Fee _____

**Clinic 2 Information**

Name of Clinic (if existing licensee, use exact name):	Clinic License # (if already licensed by the board)
Clinic Address:	Clinic Telephone Number:
Name of Professional Director:	Telephone Number:
Name of Administrator:	Telephone Number:
Name of Person Authorized to Bind the Clinic (Owner, Officer, Member, Partner, Trustee):	Telephone Number:

- A. Attached is documentation from the Director of the Department of Health Care Services that any Medi-Cal financing issues have been sufficiently addressed to that director's satisfaction. [4180.5(e)] Yes  No
- B. Attached is documentation from the Director of the Department of Public Health that any licensing and regulatory issues have been sufficiently addressed to that director's satisfaction. [4180.5(f)] Yes  No
- C. Clinic 2 is not licensed by the board and a Clinic Licensure Application has been submitted? Yes  No
- Submit items A and B above with the Clinic Licensure Application (17A-42).

**APPLICANT AFFIDAVIT - Read carefully and sign below**

An application must be approved by the California State Board of Pharmacy before two independently owned clinics can operate from a single clinic location. Failure to provide any of the requested information may result in the application being deemed as incomplete. Any material misrepresentation to the board may be grounds for denial or subsequent revocation of license, and may be a violation of the California Penal Code.

The information provided here will be used to determine qualifications under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833. 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 about that person by the California State Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.38 of the Civil Code.

**Clinic 1**  
I hereby certify or affirm, under penalty of perjury under the laws of the State of California, that: (1) I am at least 18 years of age; (2) I am an owner, officer, member, partner, trustee and authorized to bind Clinic 1; (3) I reviewed the contents of this application and attachments, and certify or affirm that each statement made therein about Clinic 1 is true and correct; and (4) Clinic 1 is independently owned from Clinic 2. I understand that falsification of any information in this application may constitute grounds for denial or subsequent revocation of a board issued license. **Original signatures are required. Scanned, stamped, or electronic signatures will not be accepted.**

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Signature of Person Authorized to Bind Clinic 1                      Printed Name                      Title                      Date

**Clinic 2**  
I hereby certify or affirm, under penalty of perjury under the laws of the State of California, that: (1) I am at least 18 years of age; (2) I am an owner, officer, member, partner, trustee and authorized to bind Clinic 2; (3) I reviewed the contents of this application and attachments, and certify or affirm that each statement made therein about Clinic 2 is true and correct; and (4) Clinic 2 is independently owned from Clinic 1. I understand that falsification of any information in this application may constitute grounds for denial or subsequent revocation of a board issued license. **Original signatures are required. Scanned, stamped, or electronic signatures will not be accepted.**

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Signature of Person Authorized to Bind Clinic 2                      Printed Name                      Title                      Date