



**California State Board of Pharmacy**  
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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## **PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY (INCLUDING MODIFICATION OR TERMINATION OF PROBATION) INSTRUCTIONS & GUIDELINES**

Section 4309 of the Business and Professions Code (BPC) states that a person whose license has been revoked or suspended or who has been placed on probation may petition the Board of Pharmacy (Board) for reinstatement or modification of penalty, including modification or termination of probation, after not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

1. At least three years for reinstatement of a revoked license.
2. At least two years for early termination of probation of three years or more.
3. At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years.

Pursuant to BPC section 4309, subdivision (g):

- No petition under section 4309 shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole.
- No petition shall be considered while there is an accusation or petition to revoke probation pending against the person.
- The Board may deny without a hearing or argument any petition filed pursuant to section 4309 within a period of two years from the effective date of the prior decision following a hearing under section 4309.

In addition, early termination of probation may not be considered unless the petitioner has been in compliance, at all times, with the terms and conditions of their probation.

If you meet the above requirements, you may petition the Board for reinstatement or modification of penalty by completing and submitting the petition form. These instructions and guidelines are intended to assist you with this process.

### **WHAT MAKES A PETITION APPLICATION COMPLETE:**

1. **PETITION APPLICATION:** Complete the entire application.
2. **LETTERS OF RECOMMENDATION:** Letters must be dated within the last year from the date you are filing your petition. Each author must indicate in their letter that they have personal knowledge of the disciplinary penalty imposed by the Board and your activities since the disciplinary penalty was imposed. The Board suggests that letters of recommendation include facts that demonstrate an author's personal knowledge of the petitioner's penalty and activities. Examples of activities may include employment, community service, or volunteer work. See "Evidence" section below for more information about letters of recommendation.

You must provide a minimum of four letters, to include the following (see BPC § 4309, subd. (b)):

- A. **Two** or more letters of recommendation from holders of licenses issued by the Board.
- B. **Two** or more letters of recommendation from citizens.

- 3. CONTINUING EDUCATION:** Documentation of **Board approved continuing education** (acquired within the last two years from the date your petition is received by the Board). **Note:** Refer to 16 CCR section 1732.5 (for pharmacists) or 16 CCR section 1732.8 (for pharmacy technicians) for information regarding required continuing education.

Submit the petition with the required documents to the Board at [BOPAdmin.Discipline@dca.ca.gov](mailto:BOPAdmin.Discipline@dca.ca.gov) or to the address listed on page 1 of these instructions, to the attention of the enforcement unit. The petition will be processed and evaluated to be set for hearing at an upcoming meeting of the Board (or a committee of the Board).

## GENERAL GUIDELINES

In petitioning for reinstatement or modification of penalty under BPC section 4309, the petitioner has the burden of demonstrating any rehabilitative or corrective measures they have taken since the disciplinary penalty was imposed and that they have the necessary qualifications and skills to safely practice within the scope of current law and accepted standards of practice. In reaching its determination, the Board may consider factors including, but not limited to, all of the following (see BPC § 4309, subd. (d)):

1. All the activities of the petitioner since the disciplinary action was taken.
2. The offense for which the petitioner was disciplined.
3. The petitioner's activities during the time the license was in good standing.
4. The petitioner's documented rehabilitative efforts.
5. The petitioner's general reputation for truth and professional ability.

Examples of rehabilitative efforts may include:

- Efforts to maintain and/or upgrade professional skills and knowledge through continuing education or other methods.
- Efforts to establish safeguards to prevent repetition of the original violation(s), including changes or modifications in policies, structure, systems, or methods of behavior applicable to the petitioner's practice.
- Service to community or charitable groups.
- Voluntary restitution to those affected by the original violation(s).
- Use of appropriate professional medical or psychotherapeutic treatment.
- Participation in appropriate self-help and/or rehabilitation groups.
- Use of appropriate peer review mechanisms.
- Participation in professional pharmacy organizations or associations.

## EVIDENCE

Evidence is the information that you submit to substantiate your request, including documentation and testimony.

Q. What kinds of evidence are appropriate to present?

A. At the hearing you will be afforded the opportunity to testify, and to call other persons to testify on your behalf. All oral testimony must be made under oath and should be directed specifically toward your competence and/or rehabilitation. You also have the right to submit documentary evidence with your petition packet. The following documents are examples of appropriate evidence, which may be helpful in demonstrating your rehabilitative efforts and competency. Documents should be recent and dated and should be on official letterhead whenever appropriate. The list is not intended to be comprehensive, and you are not limited to these examples. You should submit evidence that is relevant to the violation that led to the discipline of your license and your subsequent rehabilitation.

- Recent, dated, written statements and/or performance evaluations from persons in positions of authority who have on-the-job knowledge of your current competence in the practice relevant to the disciplinary proceeding, including the period of time and capacity in which the person worked with you. Such reports must be signed under penalty of perjury and will be subject to verification by Board staff.<sup>1</sup>
- Recent, dated letters from licensed treatment providers regarding your participation in a rehabilitation or recovery program, which should include at least a description and requirements of the program, a diagnosis of the condition and current state of recovery, and the basis for determining rehabilitation. Such letters and reports will be subject to verification by Board staff.
- Recent, dated letters describing your participation in support groups, (e.g., Alcoholics Anonymous, Narcotics Anonymous, professional support groups, etc.). Such letters and reports will be subject to verification by Board staff.
- Recent, dated laboratory analyses or drug screen reports, confirming abstinence from drugs and alcohol. Such analyses and reports will be subject to verification by Board staff.
- Recent, dated physical examination/assessment report(s) by a California licensed health care practitioner, confirming the absence of any physical impairment that would prohibit you from practicing safely consistent with the health care practitioner's scope of practice. Such report(s) will be subject to verification by Board staff.
- Recent, dated letters from probation or parole officers regarding your participation in and/or compliance with terms and conditions of probation or parole, which should include at least a

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<sup>1</sup> To sign under penalty of perjury, the following statement should be added at the end, right before the signature: "I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct."

description of the terms and conditions, and the officer's basis for determining compliance. Such letters and reports will be subject to verification by Board staff.

- Recent, dated letters from persons familiar with you in either a personal or professional capacity (i.e., letters of recommendation) regarding their knowledge of: your character; your rehabilitation, if any; the conduct of which you are accused; or any other pertinent facts that would enable the Board to better decide the case. Such letters must be signed under penalty of perjury and will be subject to verification by Board staff.

Q. Must the documents I submit be original documents?

A. If you submit your petition packet to the Board by mail, you should submit original documents. (Always keep a copy of these originals for your records.) If you submit your petition packet electronically, electronic copies of original documents are acceptable. All documents that are submitted with the petition packet must be clear and readable.

Q. Will the Board contact people who submit documents on my behalf?

A. Yes, the Board reserves the right to contact individuals who submit documents on your behalf to verify the information. (See BPC § 4309, subd. (i).) A list of names, addresses, and phone numbers for everyone submitting documents on your behalf must be included with your petition packet.

## HEARING

The Board (or a committee of the Board) hears the petition in a formal administrative hearing that resembles a court proceeding. At your hearing you have an opportunity to present evidence of your rehabilitation and competency.

Q. How is the hearing conducted?

A. Most hearings are conducted remotely via videoconference. An Administrative Law Judge (ALJ) of the California Office of Administrative Hearings (OAH) will preside over the hearing.<sup>2</sup> The ALJ's role is to rule on the admission and exclusion of evidence and otherwise ensure that the hearing proceeds in accordance with applicable provisions of law. (See, e.g., Government Code §§ 11512, 11513.) Members of the Board will be present to hear your petition. A Deputy Attorney General (DAG) from the Office of the California Attorney General will also be present. The DAG will make a preliminary statement outlining all disciplinary actions which have been taken against your license and describing the documents you have submitted into evidence. The DAG may ask you questions about your violation and discipline, and efforts you have undertaken to rehabilitate yourself.

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<sup>2</sup> OAH is a quasi-judicial tribunal that provides independent ALJs to conduct hearings for state agencies, including the Board.

- Q. What will I be expected to do?
- A. You will be sworn under oath by the ALJ, who will ask you to state in your own words what you have done to rehabilitate yourself and to maintain your knowledge and skills. **Be prepared to make an oral presentation at this point, which includes such a statement.** The ALJ, the DAG, and individual Board members may ask questions to clarify your statement or elicit additional information regarding your rehabilitation and current competency.
- Q. May I be represented by an attorney at the hearing?
- A. Yes, but it is not required. You may represent yourself or, at your own expense, you may hire an attorney to represent you.
- Q. May I have persons come to speak on my behalf?
- A. Yes, however, their testimony must be made under oath and should be directed specifically toward your competence and/or rehabilitation. By law, the hearing is open to the public, so you may also choose to bring family members or friends for support even if they do not testify.
- Q. When will I know the exact date, time, and location for the hearing?
- A. Approximately 10-14 days prior to the meeting at which the hearing will occur you will receive a formal "NOTICE OF PETITION HEARING" stating the date and time at which you are to appear. Since most hearings are conducted remotely, the notice will include instructions for how to join the meeting by videoconference. Several cases may be scheduled on the hearing docket, and it is not possible to know how long each case will last. Therefore, you need to be prepared to remain throughout the day depending on the number and length of cases and the order in which they are scheduled.

### **THE BOARD'S DECISION**

- Q. When will I be notified of the Board's decision regarding my petition?
- A. In most cases, the Board's decision to grant or deny a petition will be mailed approximately 60 days after the hearing. However, some cases may take longer than 60 days to decide. The decision is not final until this legal document is mailed to you.
- Q. If the Board does not grant my petition, may I petition again?
- A. Yes. You may petition again two years after the effective date of the Board's decision to deny your petition. (See BPC § 4309, subd. (g).)

(Rev 9/2025)



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### **TYPE OF PETITION**

\_\_\_\_\_ **PETITION FOR REINSTATEMENT OF REVOKED LICENSE: LICENSE NO.** \_\_\_\_\_

\_\_\_\_\_ **PETITION FOR REDUCTION (MODIFICATION) OF PENALTY OF PROBATION OF LICENSE NO.** \_\_\_\_\_

\_\_\_\_\_ **PETITION FOR EARLY TERMINATION OF PROBATION OF LICENSE NO.** \_\_\_\_\_

### **Petitioner Information** - Please Type or Print

\_\_\_\_\_

Full Legal Name - Last Name or Entity Name	First Name	Middle Name
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\_\_\_\_\_

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

\_\_\_\_\_

*Official Mailing/Public Address of Record – Street/PO Box	City	State	Zip Code
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\_\_\_\_\_

Residence Address – Street	City	State	Zip Code
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\_\_\_\_\_

Telephone Numbers – Home	Cell	Work
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\_\_\_\_\_

Date of Birth (Month/Day/Year)	Email Address
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XXX - XX - \_\_\_\_\_

Last 4 digits of US Social Security Number or Individual Tax ID Number

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PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY (INCLUDING MODIFICATION OR TERMINATION OF PROBATION)

**Education**

Name(s) of University, College, or School of Pharmacy	Country	Date of Graduation	Degree
_____	_____	_____	_____
_____	_____	_____	_____

**License Information** List all state(s) where you are or have previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional, including California.

State	License Type and Number	Active or Inactive	Issue Date	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Experience**

List years, location, and type of practice for last five (5) years, prior to the revocation of your California State Board of Pharmacy License.

Dates		Location	Type of Practice
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Petitioners must answer the following questions (attach additional sheets of paper if necessary). Failure to provide any of the requested information may result in the application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial of the petition.

1. If your license is restored, what type of setting do you intend to practice in?
2. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator, or medical director on a license to conduct a pharmacy, wholesaler, third-party logistics provider, or any other entity licensed in any state, territory, foreign country, or other jurisdiction?  
Yes \_\_\_\_ No \_\_\_\_ If "yes," attach a statement of explanation.
3. Have you even been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?  
Yes \_\_\_\_ No \_\_\_\_ If "yes," attach a statement of explanation.
4. Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?  
Yes \_\_\_\_ No \_\_\_\_ If "yes," attach a statement of explanation.

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5. Do you have any other condition that may in any way impair or limit your ability to practice safely?  
Yes \_\_\_\_ No \_\_\_\_ If "yes," attach a statement of explanation.
6. Have you participated in, been enrolled in, or required to enter into any drug, alcohol, or other substance abuse recovery program?  
Yes \_\_\_\_ No \_\_\_\_ If "yes," attach a statement of explanation.
7. If you answered "Yes" to questions 3 through 6 above, have you received treatment or participated in any program that improves your ability to practice safely?  
Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ If "yes," attach a statement of explanation.
8. Have you ever had disciplinary action taken against your healthcare professional license in this state or any other state, other than the license for which you are petitioning?  
Yes \_\_\_\_ No \_\_\_\_ If "yes," attach a statement of explanation.
9. List the date in which your license was disciplined and explain fully the cause of the disciplinary action.
10. Explain fully why you feel your license should be restored or why the disciplinary penalty should be reduced or terminated.
11. Describe fully your activities and occupation since the date of the disciplinary action of your license; include dates, employers, and locations.
12. Describe any rehabilitative or corrective measures you have taken since your license was disciplined to support your petition. List dates, nature of programs, and current status. You may include any community service or volunteer work.
13. List all post-graduate or refresher courses, with dates, location, and type of course, you have taken since your license was disciplined.
14. List all pharmaceutical literature you have studied during the last year.
15. List all continuing education courses you have completed since your license was disciplined. Attach copies of the certificates. **Note:** If you are petitioning for modification of your current disciplinary order, please refer to 16 CCR section 1732.5 (for pharmacists) or 16 CCR section 1732.8 (for pharmacy technicians) for information regarding required continuing education.
16. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition. **Note:** A minimum of four letters of recommendation, at least two of which must be from holders of licenses issued by the Board, are required, and the author of each letter must have personal knowledge of the disciplinary penalty imposed by the Board and the activities of the petitioner since the disciplinary penalty was imposed. [Business and Professions Code section 4309(b).]



## NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to evaluate the petition under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. The information may be transferred to another governmental 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 in accordance with applicable law.

### **PETITIONER AFFIDAVIT** **(must be signed and dated by the petitioner)**

I, \_\_\_\_\_, hereby attest to the fact that I am the  
(Print Full Legal Name)  
petitioner whose signature appears below. I hereby certify to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements. I understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

\_\_\_\_\_  
Signature of Petitioner  
(Signed and dated within 60 days of submission to the Board)

\_\_\_\_\_  
Date