



LICENSING COMMITTEE REPORT

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a. Summary of Presentations and Discussion of Proposal to Establish Definitions for Pharmacies Based on Business Model

Relevant Law

Business and Professions Code ([BPC](#) [section 4037](#)) defines a “pharmacy” as an area, place, or premises licensed by the Board in which the profession of pharmacy is practiced and where prescriptions are compounded. “Pharmacy” includes, but is not limited to, any area, place, or premises described in the license issued by the Board wherein controlled substances, dangerous drugs, or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, or repackaged, and from which the controlled substances, dangerous drugs, or dangerous devices are furnished, sold, or dispensed at retail. The definition also exempts some facilities and drug storage areas.

Background

Generally, the requirements for pharmacies apply equally among a variety of business models, unless otherwise specified. This approach allows for broad regulation and requirements yet can become challenging when business models vary yet requirements many times do not.

Within existing law there are several instances where a more specific definition is referenced, but only when applying to a specific provision of the law. As an example, Pharmacy Law does not currently include a general definition of “chain community pharmacy.” Rather, in specified sections of statute and regulation, the law refers to BPC section 4001 for the definition. (**Note:** BPC section 4001 provides, “For the purposes of this subdivision, a ‘chain community pharmacy’ means a chain of 75 or more stores in California under the same ownership, and an ‘independent community pharmacy’ means a pharmacy owned by a person or entity who owns no more than four pharmacies in California.”)

As another example, Pharmacy Law sometimes refers to applicability of a requirement to “outpatient pharmacies” (see, e.g., BPC section 4076(a)(11)(B)). In this context, the Board interprets this to mean pharmacies that provide

medications to consumers outside of an inpatient setting. However, such references may cause confusion as Pharmacy Law and regulations continue to change.

Different jurisdictions nationally have taken varying approaches, with some jurisdictions (such as Texas) issuing separate licenses for different classes of pharmacy licenses. Nevada issues a single pharmacy license that covers a variety of different types of business models. Nevada requires disclosure of the types of services.

The Committee previously considered this issue during its October 2025 Committee meeting. During this discussion, members noted that development of definitions could allow for more precise regulations and provide better transparency to patients regarding the types of services a pharmacy provides. Members noted that while consideration of definitions may be appropriate, separate license types do not appear appropriate.

Summary of Committee Discussion

During the meeting, members continued their evaluation of a proposal to define different business models as a way to provide more precise regulation. As members noted during the meeting, a pharmacy could fall within more than one of the proposed definitions depending on their business operations and customer base.

The Committee also received presentations on three different types of pharmacy business models, summarized below.

Infusion Centers, Sam Martinez, PharmD, BCOP, Outpatient Infusion Pharmacy Manager, UC San Diego Health

Dr. Martinez described that outpatient infusion pharmacies provide onsite preparation of medications for direct onsite patient administration. Such pharmacies provide a closed loop of care including an end-to-end process of compounding and providing to a nurse or other health care provider for onsite administration. Dr. Martinez noted that such pharmacies are currently licensed as outpatient pharmacies; however, their operation is more closely akin to the operations of hospital pharmacies. Dr. Martinez also described some of the current regulatory requirements that create challenges for this business model, including labeling requirements (such as font size) and structural requirements (such as a dedicated space for consultation). He also noted that mandatory postings such as retail price disclosures are examples of requirements that must be complied with currently, but are not applicable in this specific pharmacy model.

Members agreed that some of the current legal requirements do not seem

appropriate for outpatient infusion centers and noted the importance of continuing evaluation of this issue to allow for more a targeted, exemption-based regulation model.

Public comment also spoke in support of an exemption-based regulation model.

The presentation slides are available [here](#).

Home Health Services, Janice Dang, PharmD, Chief of Enforcement for the Board

Dr. Dang provided a presentation on home health services, providing definitions of home health services agencies defined in title 22 of the California Code of Regulations versus licensed home health agencies as defined in Business and Professions Code section 4027. Dr. Dang provided an overview of the services provided by home health services pharmacies, including the types of therapies commonly provided, and noted that pharmacists provide training to patients, families, and caregivers as in this business model, the medications are for self-administration (including by injection, feeding tubes, etc.). Dr. Dang also noted the various ways a home health services pharmacy may receive prescriptions.

There were no comments from members or the public on the presentation.

The presentation slides are available [here](#).

Skilled Nursing Facilities, Janice Dang, PharmD, Chief of Enforcement for the Board

Dr. Dang also provided a presentation on pharmacies servicing skilled nursing and other care and residential facilities. Dr. Dang noted that pharmacists working in such an environment provide pharmacy services to patients of facilities licensed to provide health care services, such as skilled nursing and intermediate care facilities, as well as facilities that provide resident care, without health care services. Given the variability of the facilities, legal requirements vary, including provisions that allow for the filling of prescription medications based on chart orders (allowed for patients in licensed health care facilities) as opposed to a requirement for a prescription in residential facilities. Dr. Dang discussed the use of pharmacy operated automated drug delivery systems in skilled nursing facilities as well as the use of e-kits (which provide an emergency supply of medication in instances that require immediate administration of medication).

Following the presentation members noted that similar to outpatient infusion centers, such pharmacies do not have specific rules governing their practice.

Members also discussed issues with disposal of unused medications from the facilities serviced by the pharmacy and considered if the Board should promote the use of drug take back receptacles as an appropriate alternative means to destroy medication that is no longer needed. Members also spoke in support of these definitions being self-determined by PICs for the purposes of operationalizing them and removing barriers.

There were no comments from the public on the presentation.

The presentation slides are available [here](#).

Following the presentations, the Committee considered draft definitions of various business models and noted some pharmacies may provide services that fall into more than one business model. Members noted that the discussion on this topic would be ongoing.

Provided below are the draft definitions considered by the Committee, including updates to the definition of Specialty Pharmacy consistent with the Committee's discussion, as well as updates to the Closed Door Pharmacy, Mail Order Pharmacy, and inclusion of a definition of Outpatient Pharmacy.

Community Pharmacy is a pharmacy that dispenses medications to the general public.

Chain Community Pharmacy is a community pharmacy that is part of a chain of 75 or more stores in California under the same ownership.

Central Fill Pharmacy is a California-licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy to dispense to the patient. (**Note:** This definition of "central fill pharmacy" has been proposed in a pending rulemaking to amend section 1707.4 of Article 2 of Division 17 of Title 16 of the California Code of Regulations.)

Closed Door Pharmacy is a pharmacy that is not open to the general public and that provides services to a specific group of patients in the following settings: For purposes of this section, Closed Door Pharmacy also is defined as a pharmacy that dispenses and delivers greater than 75% of total aggregate prescriptions dispensed to California residents in a calendar year through closed door pharmacy services.

- Skilled nursing facilities
- Assisted living facilities
- Nursing homes
- Hospice or mental health facilities
- Board and care facilities

Drug and alcohol treatment facilities

Home Infusion Pharmacy is a pharmacy that prepares and dispenses sterile parenteral medications for infusion to patients in their homes.

Infusion Center Pharmacy is a pharmacy that prepares and dispenses sterile parenteral medications for administration to patients by a licensed health care provider at any of the following settings:

Medical office

Pharmacy

Health care facility where patients receive medical care.

Mail Order Pharmacy is a pharmacy that dispenses and delivers medications directly to a patient's home or designated address through any mail or courier services. For purposes of this section, Mail Order Pharmacy also is defined as a pharmacy that dispenses and delivers greater than 75% of total aggregate prescriptions dispensed to California residents in a calendar year through any mail or courier services.

Online Pharmacy is a pharmacy that exclusively dispenses medication and other health related services through a digital platform.

Outpatient pharmacy is a pharmacy that provide medications to consumers outside of an inpatient setting.

Specialty Pharmacy is a pharmacy that provides high-cost medications for complex conditions that require special handling, monitoring, and patient support.

Members of the public expressed support of continued conversation on this topic.

It is anticipated the Committee will continue its discussion on this proposal at its next meeting.

b. Summary of Discussion of Pharmacy Practice Experience Requirements Pursuant to Business and Professions Code Section 4209, Including Possible Action to Approve (1) a Draft Policy Statement and (2) Draft Statutory Amendments to Business and Professions Code section 4114, Regarding Pharmacist to Intern Pharmacist Ratio.

Relevant Law

[BPC section 4209](#) establishes a requirement for an intern pharmacist to complete 1,500 hours of pharmacy practice experience before applying for the pharmacist licensure examination as specified. Subdivision (d) of the section provides that

an applicant for the examination who has graduated after January 1, 2016, from an ACPE (Accreditation Council for Pharmacy Education) accredited college of pharmacy shall be deemed to have satisfied the pharmacy practice experience requirement.

[BPC section 4114](#) provides that an intern pharmacist may perform all functions of a pharmacist at the discretion of and under the direct supervision and control of a pharmacist whose license is in good standing with the Board. This section further provides that a pharmacist may not supervise more than two intern pharmacists at any one time.

Background

The ACPE is recognized by the US Department of Education as the national agency for the accreditation of professional degree programs in pharmacy. The ACPE Board of Directors approved the new accreditation standards in 2024 with an effective date of July 1, 2025. All pharmacy programs were required to comply with the [new standards](#) by the effective date. Specifically related to intern hours requirements, the new standards consolidated Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) into a new standard, Experiential Learning.

The number of experiential learning hours appears to remain consistent. The standard requires at least 300 hours of IPPE experience, including a minimum of 75 IPPE hours in patient care in both the community and hospital/health system settings. The remaining hours may be earned in a variety of pharmacy practice settings that expose students to patient care. In addition, 1,440 hours of APPE experience must be earned.

The standards also provide that each APPE rotation must be a minimum of 160 hours. The majority of APPE curriculum must be focused on patient care. The standards specify that APPEs must be completed in the US or its territories and occur in four practice settings:

1. Community pharmacy
2. Ambulatory care
3. Hospital/health system pharmacy
4. Inpatient adult patient care

The standards allow for elective APPEs, with a maximum of 320 hours of non-patient care elective APPEs. **Note:** Given the standards, it is possible for a student to graduate without completing 1,500 hours of patient care experience.

Over the past few years, members have received comments both during meetings and during events regarding the pharmacy practice experience requirements and suggestions that the Board should reestablish a requirement for an intern pharmacist to complete internship hours outside of the advanced

pharmacy practice experience rotations completed as part of their pharmacy education.

Summary of Prior Committee Discussion

As a reminder, during the October 2025 Committee meeting, members received three presentations on this issue from the following:

1. Sarah McBane, PharmD, Associate Dean, University of California Irvine
2. James Scott, PharmD, Former Dean, Touro University
3. Scott Takahashi, PharmD, FCSHP, FASHP

Dr. McBane's presentation provided an overview of key changes in the new ACPE accreditation standards that include diagnosing and prescribing. The presentation discussed requirements for pharmacy programs to collect and assess outcomes of experiential training to evaluate the quality of the education. Dr. McBane noted that students must complete introductory experience and advanced experience and that documentation is required by the accreditation agency to demonstrate the quality of the experience.

Dr. Scott's presentation reiterated some of the experience requirements for pharmacy education and noted that all California schools have established 240-hour experiential rotations. Dr. Scott noted that some pharmacy degree programs use an accelerated program that allows students to complete the PharmD education in three years through year-round learning (as opposed to a four year program.) Dr. Scott suggested that a requirement to earn additional intern hours outside of the student's education would be a burden for some students.

Dr. Takahashi provided an overview of his background, including his experience as an adjunct professor at multiple institutions and as a preceptor, and noted that he has seen a change in graduates over time. Dr. Takahashi suggested that this change is in part because of the lack of intern experience gained. Dr. Takahashi noted a difference in pharmacy practice experience earned through a student's education that is instructional in nature versus experience earned outside of the school program that allows for integration of education into practice experience. Dr. Takahashi suggested that some new graduates are having challenges completing residencies and passing the pharmacist licensure exam.

The presentations may be viewed [here](#).

Members discussed the issue including their respective experience. Some members noted the potential value in completing intern experience beyond the experiential training gained in their pharmacy program, highlighting the difference between experience earned as part of pharmacy school education where students "observe" as opposed to working as an intern where they

“practice.” Members noted on a personal level that it was challenging but important to their development as a pharmacist. Members observed that some new graduates are entering practice without requisite knowledge of workplace requirements, adhering to work schedules, etc.

More recently, during the November 2025 Board meeting, members continued their discussion. Members noted the value in interns gaining experience outside of the experiential training received as part of their pharmacy education. Members noted some of the challenges students may experience in trying to secure outside employment in part due to limited availability of intern positions. Members also considered if there is a way to incentivize employers creating additional intern positions.

Members noted the need to consider both long term and short term solutions and suggested that it may be appropriate to develop a policy statement to convey the Board's support for interns gaining experience outside of experiential training. Members also suggested that evaluation of current legal requirements appeared appropriate to identify if legal barriers may create challenges for pharmacies establishing additional job opportunities for interns.

Summary of Committee Discussion

During the meeting, members considered a draft policy statement to be used as a means to convey the Board's support for interns gaining experience outside of the experiential training earned through pharmacy education. Members noted agreement with the draft policy statement.

Further, the Committee discussed the ratio provisions in BPC section 4114, observing that the current ratio may be a barrier to creation of additional job opportunities for interns. Members noted that a change to the pharmacist to intern pharmacist ratio appeared appropriate and elected to recommend that the PIC of a pharmacy should establish the ratio for their specific practice site.

Public comment generally spoke in support of the approach to encourage intern pharmacists to gain experience outside of experiential training through a policy statement, with some commenters suggesting the Board should convey its position through guidance versus a policy statement. Other commenters noted support for interns gaining the additional experience consistent with the Board's policy. It was suggested that the Board consider providing incentives for pharmacists to serve as preceptors.

Following the meeting, staff developed a draft statutory amendment to BPC section 4114 for consideration by the Board.

Should the Board agree with the draft policy statement and proposed amendment to BPC section 4114, the following motion could be used.

Recommended Motion: Approve the draft policy statement [either as presented or consistent with the Board's discussion]. Sponsor legislation to amend Business and Professions Code section 4114 [either as presented or consistent with the Board's discussion].

Attachment 1 includes a copy of the draft policy statement and draft statutory proposal.

c. Summary of Discussion on Changes in Pharmacy Law Included in Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025) Including Updates on Implementation Activities

Background

Assembly Bill (AB) 1503 is the Board's sunset measure. The measure extends the operations of the Board until January 1, 2030. The measure also includes a number of policy issues raised by the Board in its 2025 Sunset Oversight Review Report. The measure was approved by Governor Newsom on October 1, 2025.

Given the comprehensive nature of the measure, significant implementation activities will be required.

During the October 2025 Committee meeting and subsequent November 2025 Board meeting, members discussed activities necessary to implement the various provisions of the measure.

Summary of Committee Consideration

During the meeting, members reviewed the activities undertaken to implement the various changes to Pharmacy Law that are included in AB 1503. The activities described below are in addition to the traditional implementation activities such as updates to the Board's mandatory online pharmacy law course, the Board's newsletter, reflected in updated versions of the relevant self-assessment form, and displayed on the Board's website.

New BPC Section 4001.5, Related to the Pharmacy Technician Advisory Committee (PTAC)

Summary: This new section requires the Board to establish an advisory committee to advise and make recommendations to the Board on matters related to pharmacy technicians. The committee shall consist of four licensed pharmacy technicians representing a range of practice settings; two licensed pharmacists, one of whom shall be a member of the Board; and one public member.

Implementation Activities: At the November 2025 Board meeting, members finalized the appointment process, duration of appointment, and minimum qualifications for individuals interested in serving on and appointed to the PTAC.

Implementation Status: Since the November Board meeting, several implementation activities have been initiated, including draft updates to the Board Member Procedure Manual to reflect the addition of the PTAC. Members have also been surveyed for interest in serving on the PTAC.

Satinder Sandhu has been appointed by President Oh to serve as the Board member on the PTAC. Further, it is anticipated that the online application process will be ready for release in the first quarter of 2026.

Amended BPC Sections 4016.5, 4210, and 4233, Related to Advanced Pharmacist Practitioners (Formerly Known as Advanced Practice Pharmacists)

Summary: Renames the title "Advanced Practice Pharmacist" to "Advanced Pharmacist Practitioner."

Implementation Activities: Pursue a Section 100 change to affected regulations to reflect the new license title. Changes will be required in the following sections of title 16, California Code of Regulations (CCR): 1702, 1702.1, 1706.6, 1730, 1730.1, 1730.2, and 1749.

Reminder: The Board voted to initiate a rulemaking to amend title 16, CCR, section 1730.1 related to Application Requirements for Advanced Practice Pharmacist Licensure that includes more substantive changes.

Implementation Status: Since the November Board meeting, Board staff prepared the Section 100 regulation changes, which are currently undergoing review by the Department of Consumer Affairs (DCA). Updates to the Application and Instructions for Advanced Pharmacist Practitioner Licensure, the Duplicate/Replacement License Request, the online PDF renewal application, and the CE FAQs have also been made. In addition, staff have submitted the appropriate service requests to update impacted IT systems.

Amended BPC Section 4036, Pharmacist Defined

Summary: Updates the definition of "pharmacist" to provide that the holder of an unexpired and active pharmacist license issued by the Board is entitled to practice pharmacy as defined by the Chapter 9 of Division 2 of the BPC, within or outside of a licensed pharmacy.

Implementation Activities: Pursue regulations to define provisions for remote processing.

Implementation Status: Since the Board approved the initiation of a rulemaking to add section 1717.11 Remote Processing to title 16 of the CCR at the November Board meeting, Board staff prepared the rulemaking materials. The rulemaking documents were provided to the Office of Administrative Law in late December.

It is anticipated the 45-day comment period will conclude in advance of the March 18, 2026 Board meeting.

New BPC Sections 4040.6 and 4102, Related to Self-Assessment Process

Summary: Establishes the self-assessment process in statute.

Implementation Activities: Maintain the process of annual updates to the self-assessment forms for review by the appropriate committee and Board prior to finalizing and updating the form. Pursue a Section 100 change to remove regulations establishing the self-assessment process. Changes will be required in the following sections of title 16 of the CCR: 1715, 1715.1, 1735.1, 1736.1, and 1784.

Implementation Status: Since the November Board meeting, staff have developed updated draft self-assessment forms for community and hospital pharmacies for consideration by the Enforcement and Compounding Committee on January 7, 2026. Further, Board staff have prepared the Section 100 regulation changes which are currently undergoing review by DCA.

Amended BPC Sections 4051 and 4052, Related to Standard of Care

Summary: Defines "accepted standard of care" and transitions some provisions for pharmacist-provided health care services to a standard of care practice model, including in the following areas:

1. Furnish epinephrine
2. Furnish FDA-approved or authorized medications as part of preventative health care services that do not require a diagnosis, including the following:
 - a. Emergency contraception
 - b. Contraception
 - c. Smoking cessation
 - d. Travel medications
 - e. Anti-viral or anti-infective medications
3. Order and interpret tests
4. Furnish medication used to reverse opioid overdose and medication used to treat substance use disorder (e.g. Naloxone)
5. Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change
6. Initiate and administer immunizations for persons three years of age and older

The law also provides that a pharmacist should not provide a service or function if the pharmacist has made a professional determination that (1) they lack sufficient education, training, or expertise, or access to sufficient patient medical information, to perform the service or function properly or safely; (2) performing or providing the service or function would place a patient at risk; or (3) pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care.

Provisions also establish a notification requirement to a patient's primary care provider as specified.

As part of the transition to a standard of care practice model for certain pharmacist-provided health care services, some provisions of law that established prescriptive requirements and/or required pharmacists to follow standardized procedures and protocols have been repealed, for example, former BPC sections 4052.01, 4052.02, 4052.03, 4052.3, 4052.8, and 4052.9.

Implementation Activities: Pursue a Section 100 change to repeal several regulations that establish protocols and other prescriptive requirements that are deemed moot by the transition to a standard of care practice model, including the following sections of title 16 of the CCR: 1732.5, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, and 1747. Further, remove the current online training regarding HIV PEP and PrEP. Release a policy statement related to standard of care practice model.

Implementation Status: Since the November Board meeting, Board staff prepared the Section 100 regulation changes, which are currently undergoing review by DCA. The Board's [policy statement](#) was posted on the Board's website and draft updates to the Board Member Procedure Manual to reflect the addition of the policy statement have been made.

Amended BPC Sections 4081 and 4105, Related to Pharmacy Records

Summary: Updates pharmacy records requirements to specify that policies and procedures related to pharmacy personnel and pharmacy operations must also be maintained. Allows all records to be maintained in digitized format subject to specified conditions.

Implementation Activity: Develop FAQs regarding digitizing records.

Implementation Status: Work has not yet started on the FAQs. Once prepared, the draft FAQs will be considered at a future meeting. As a reminder, the Board is looking to transition the format of its various FAQs.

Amended BPC Section 4111, Related to Ownership Prohibitions

Summary: Update ownership prohibition to allow for ownership of a pharmacy by a person with whom the person shares a community or other financial interest under specified conditions.

Implementation Activity: Update the pharmacy license application and instructions.

Implementation Status: Since the November meeting, staff have updated the pharmacy license application and instructions.

Amended BPC Sections 4112, 4113, and 4113.1, Related to Nonresident Pharmacies

Summary: Effective July 1, 2026, updates the requirements for a nonresident pharmacy to include authority for the Board to inspect a nonresident pharmacy and assess a reasonable amount to cover the Board's costs. Further, effective July 1, 2026, requires a nonresident pharmacy to designate a California-licensed pharmacist to serve as the pharmacist-in-charge. In addition, updates the medication error reporting requirements for nonresident pharmacies to clarify that only medication errors related to prescriptions dispensed to California residents must be reported.

Implementation Activities: Update the nonresident pharmacy license application and instructions, and the Change of PIC application form and instructions. Update the FAQs related to AB 1286 related to medication error reporting.

Implementation Status: Since the November Board meeting, the updated FAQs related to AB 1286 have been posted on the Board's website. Staff have also updated the nonresident pharmacy application and instructions. Further, the Board released a subscriber alert describing all of the relevant changes impacting nonresident pharmacies, added two additional CPJE test administration dates, and provided email notification to nonresident pharmacies describing relevant changes. In addition, the Board's [policy statement](#) on the role of the PIC, which highlighted relevant changes related to nonresident PICs, was posted on the Board's website.

Amended BPC Section 4113, Related to Pharmacist-in-charge, Staffing

Summary: Provides that the Pharmacist-in-Charge (PIC) shall (instead of may) make staffing decisions at the pharmacy. Requires the PIC to determine appropriate pharmacist to technician ratio, which may not exceed 1 pharmacist to 3 pharmacy technicians (1:3).

Implementation Activities: Update the FAQs related to AB 1286 related to PIC staffing authority. Update the Board provided PIC education. Release a policy statement related to the role of a PIC.

Implementation Status: The Board's [policy statement](#) was posted on the Board's website and draft updates to the Board Member Procedure Manual to reflect the addition of the policy statement have been made. Further, the updated FAQs related to AB 1286 have been posted on the Board's website.

Amended BPC Section 4113.6, Related to Chain Community Pharmacy

Summary: Requires a chain community pharmacy to post, in a prominent place for pharmacy personnel, a notice that provides information on how to file a complaint with the Board.

Implementation Activity: Develop a sample notice for posting.

Implementation Status: The Communication and Public Education Committee will consider a sample notice during its January 8, 2026 meeting.

Amended BPC Section 4115, Related to Pharmacy Technicians

Summary: Clarifies the authorized duties of a pharmacy technician, increases the pharmacist to pharmacy technician ratio, and establishes authority for pharmacy technicians to perform specified duties outside of a licensed pharmacy.

Implementation Activity: Update the FAQs related to AB 1286 reflecting the changes to pharmacy technician authorizations.

Implementation Status: The updated FAQs have been posted on the Board's website.

Amended BPC Section 4200.5, Related to Retired Pharmacist License

Summary: Establishes provisions for an individual to restore their retired pharmacist license under specified conditions.

Implementation Activity: Develop a standardized request form that can be used to facilitate collection of information and fees.

Implementation Status: Since the November 2025 Board meeting, staff have updated the retired pharmacist form to include provisions for restoration of a license.

New BPC Section 4317.6, Related to Mail Order Pharmacy

Summary: Establishes provisions to allow the Board to issue fines for up to \$100,000 under specified conditions.

Implementation Activity: Include as part of the annual citation and fine presentation, citations issued under the new authority.

Implementation Status: Following implementation, it is anticipated that the first presentations will be provided during the Enforcement and Compounding Committee's 2027 annual presentation.

Amended BPC Section 4400, Related to Fees

Summary: Establishes authority for the Board to waive the application and renewal fee for a pharmacy providing in-person patient care services in a medically underserved area, as defined.

Implementation Status: Board staff processes have been updated.

As part of the Committee's discussion, members discussed how the Board will be identifying pharmacies that may be eligible for the fee waiver. Members were advised that staff are monitoring applications and renewals as part of the general processing and will be reaching out to identified pharmacies. Members also referenced the pharmacy locator search feature on the Board's website as a tool that could be helpful for stakeholders when seeking to identify underserved areas.

Following review of the implementation activities, members received public comment suggesting that stakeholders are unclear of the license prefix and acronym that should be used for advanced pharmacist practitioners. Members noted that as was previously discussed, the license prefix for such licensure remains unchanged.

It is anticipated the Committee will continue to receive updates on the various implementation activities throughout the year.

d. Summary of Discussion and Possible Action Regarding Statutory Proposal to Establish Provisions for a Retired Advanced Pharmacist Practitioner License and Clarify Provisions Regarding Cancellation of an Advanced Pharmacist Practitioner License

Relevant Law

[BPC section 4016.5](#)¹ defines an advanced pharmacist practitioner as a licensed pharmacist who has been recognized as an advanced pharmacist practitioner by the Board, pursuant to BPC section 4210. A Board-recognized advanced pharmacist practitioner is entitled to practice advanced practice pharmacy, as described in BPC section 4052.6, as specified.

[BPC section 4210](#) provides that to be eligible for recognition as an advanced pharmacist practitioner, a person must, among other requirements, hold an active license to practice pharmacy issued by the Board that is in good standing. The section further provides that an advanced pharmacist practitioner recognition issued pursuant to the section shall be coterminous with the certificate holder's license to practice pharmacy.

[BPC section 4211](#) provides that an inactive advanced pharmacist practitioner recognition will be issued under certain conditions, including if the underlying pharmacist license becomes inactive. The section further sets forth provisions permitting the reactivation of an inactive advanced pharmacist practitioner recognition if specified conditions are met.

¹ Under provisions in Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025), "advanced practice pharmacist" was retitled to "advanced pharmacist practitioner."

[BPC section 4402](#) establishes provisions regarding cancellation of licenses. The section provides that a pharmacist license that is not renewed within three years following its expiration shall be cancelled by operation of law at the end of the three-year period. The section further provides that any other license issued by the Board may be cancelled by the Board if the license is not renewed within 60 days after its expiration.

Background

As discussed under the prior agenda item, AB 1503 updated the provisions for a retired pharmacist license, establishing an alternative pathway for restoration of a retired pharmacist license within three years of issuance of the retired license.

While Pharmacy Law includes provisions for a retired pharmacist license, no similar provisions exist for the issuance of a retired advanced pharmacist practitioner license.

Summary of Committee Discussion

Given the relationship between the pharmacist and advanced pharmacist practitioner licenses, members considered a statutory proposal to establish a retired advanced pharmacist practitioner license and provide clarification on when an advanced pharmacist practitioner license will be cancelled by operation of law.

Members noted agreement with the proposal. There were no comments from members of the public on the proposal.

Should the Board agree with the proposal, the following motion could be used to sponsor legislation.

Recommended Motion: Sponsor a legislative change to amend Business and Professions Code sections 4402 and 4400, and add section 4212 [either as presented or consistent with the Board's discussion].

Attachment 2 includes the draft statutory proposal.

Note: Following the Committee meeting, technical updates were made to the proposed statutory language included in BPC section 4202(e) for purposes of increased clarity.

e. Summary of Discussion of Licensing Statistics

Licensing statistics for the first 6 months of FY 2025/26 (July 1, 2025 – December) are provided in **Attachment 3**.

During the timeframe, the Board has received 7,685 initial applications, including:

- 1,112 intern pharmacists
- 1,362 pharmacist exam applications (565 new, 797 retake)
- 109 advanced practice pharmacists
- 3,063 pharmacy technicians
- 178 community pharmacy license applications (12 chain, 166 nonchain)
- 36 sterile compounding pharmacy license applications (31 LSC, 5 NSC, 0 SCP)
- 65 nonresident pharmacy license applications
- 10 hospital pharmacy license applications

During the timeframe, the Board has received 3 requests for temporary individual applications (Military Spouses/Partners), including:

- 3 temporary pharmacy technicians

During the timeframe, the Board has received 267 requests for temporary site license applications, including:

- 127 community pharmacy license applications
- 29 sterile compounding pharmacy license applications
- 40 nonresident pharmacy license applications
- 9 hospital pharmacy license applications

During the timeframe, the Board has issued 5,243 individual licenses, including:

- 1,086 intern pharmacists
- 994 pharmacists
- 79 advanced practice pharmacists
- 2,822 pharmacy technicians

During the timeframe, the Board has issued 6 temporary individual applications (Military Spouses/Partners), including:

- 5 temporary pharmacy technicians
- 1 temporary pharmacist

During the timeframe, the Board has issued 358 site licenses without temporary license requests, including:

- 151 automated drug delivery systems (70 AUD, 81 APD)
- 49 community pharmacies
- 0 hospital pharmacy

During the timeframe, the Board has issued 682 temporary site licenses, including:

- 589 community pharmacies
- 6 hospital pharmacies

Site Application Type	Application Processing Times as of 12/22/2025	Application Processing Times as of 1/12/2026	Deficiency Mail Processing Times as of 12/22/2025	Deficiency Mail Processing Times as of 1/12/2026
Pharmacy	21	27	42	25
Nonresident Pharmacy	28	26	41	25
Sterile Compounding	40	7	55	24
Nonresident Sterile Compounding	54	Current	51	4
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	Current	Current	Current	Current
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	11	13	Current	Current
Clinic	52	61	49	70
Wholesaler	45	66	50	62
Nonresident Wholesaler	45	66	67	67
Third-Party Logistics Provider	48	Current	11	31
Nonresident Third-Party Logistics Provider	49	60	66	41
Automated Drug Delivery System	21	25	Current	0
Automated Patient Dispensing System	Current	Current	Current Combined with ADD	Current Combined with ADD
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current Combined with ADD	Current Combined with ADD

Individual Application Type	Application Processing Times as of 12/22/2025	Application Processing Times as of 1/12/2026	Deficiency Mail Processing Times as of 12/22/2025	Deficiency Mail Processing Times as of 1/12/2026
Exam Pharmacist	6	7	3	Current
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	28	49	54	75
Intern Pharmacist	32	38	8	34
Pharmacy Technician	39	42	6	7
Designated Representative	12	21	4	Current
Designated Representatives-3PL	Current	3	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

The Committee discussed opportunities to improve processing times and the Board's efforts to transition to a new application and licensure system.

Attachment 3 includes the licensing statistics for the first six months of the fiscal year.

Attachment 1

Proposal to Amend Business and Professions Code Section 4114

(a) An intern pharmacist may perform all functions of a pharmacist at the discretion of and under the direct supervision and control of a pharmacist whose license is in good standing with the board.

~~(b) A pharmacist may not supervise more than two intern pharmacists at any one time.~~

Draft Policy Statement: Pharmacy Intern Hours Earned Outside of Formal Experiential Training

The California State Board of Pharmacy (Board), recognizing the importance of intern experience as an integral part of the preparation for pharmacist licensure, supports and encourages intern pharmacists to gain qualified work experience outside of the structured experiential training earned as part of pharmacy education.

The Board supports pharmacists and pharmacy employers that provide opportunities for intern pharmacists to gain deeper experience and understanding of pharmacy operations and patient care services, while assisting intern pharmacists to further develop clinical knowledge and experience to ensure practice readiness.

Attachment 2

Proposal to Add BPC Section 4212.

(a) The board shall issue, upon application and payment of the fee established by Section 4400, a retired license to an advanced pharmacist practitioner who has been licensed by the board. The board shall not issue a retired license to an advanced pharmacist practitioner whose license has been revoked.

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active advanced pharmacist practitioner license is required. An advanced pharmacist practitioner holding a retired license shall be permitted to use the titles "retired advanced pharmacist practitioner" or "advanced pharmacist practitioner, retired."

(c) The holder of a retired license shall not be required to renew that license.

(d) (1) The holder of a retired license may request to restore their advanced pharmacist practitioner license to active status within three years of issuance of the retired license if the related pharmacist license is on an active status.

(2) A request made pursuant to paragraph (1) shall be accompanied by the renewal fee established in subdivision (ae) of Section 4400 and demonstration that, within the two years preceding the request for restoration, the advanced pharmacist practitioner has successfully completed continuing education consistent with the requirements set forth in Section 4233.

(3) If more than three years have elapsed since the issuance of the retired license, in order for the holder of a retired license issued pursuant to this section to restore their license to active status, they shall reapply for licensure as an advanced pharmacist practitioner consistent with the provisions of Section 4210.

Proposal to Amend BPC Section 4402.

(a) Any pharmacist license that is not renewed within three years following its expiration may not be renewed, restored, or reinstated and shall be canceled by operation of law at the end of the three-year period.

(b) (1) Any pharmacist whose license is canceled pursuant to subdivision (a) may obtain a new license if he or she takes and passes the examination that is required for initial license with the board.

(2) The board may impose conditions on any license issued pursuant to this section, as it deems necessary.

(c) A license that has been revoked by the board under former Section 4411 shall be deemed canceled three years after the board's revocation action, unless the board has acted to reinstate the license in the interim.

(d) This section shall not affect the authority of the board to proceed with any accusation that has been filed prior to the expiration of the three-year period.

(e) Any advanced pharmacist practitioner license shall be canceled by the board if (1) the license is not renewed within 60 days after its expiration, or (2) the underlying pharmacist license is canceled or not renewed within 60 days after its expiration or (3) a retired pharmacist license is issued, unless a retired license is issued pursuant to section 4212. Any advanced pharmacist practitioner license canceled under this subdivision may not be reissued. Instead, a new application will be required.

~~(e)~~ Any other license issued by the board may be canceled by the board if the license is not renewed within 60 days after its expiration. Any license canceled under this subdivision may not be reissued. Instead, a new application will be required.

4400.

The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) (1) The fee for a pharmacy license shall be seven hundred fifty dollars (\$750) and may be increased to two thousand dollars (\$2,000). The fee for the issuance of a temporary pharmacy permit shall be one thousand six hundred dollars (\$1,600) and may be increased to two thousand seven hundred forty dollars (\$2,740).

(2) The fee for a nonresident pharmacy license shall be two thousand four hundred twenty-seven dollars (\$2,427) and may be increased to three thousand four hundred twenty-four dollars (\$3,424). The fee for the issuance of a temporary nonresident pharmacy permit shall be two thousand dollars (\$2,000) and may be increased to two thousand four hundred sixty-nine dollars (\$2,469).

(b) (1) The fee for a pharmacy license annual renewal shall be one thousand twenty-five dollars (\$1,025) and may be increased to two thousand dollars (\$2,000).

(2) The fee for a nonresident pharmacy license annual renewal shall be one thousand twenty-five dollars (\$1,025) and may be increased to two thousand dollars (\$2,000).

(c) The fee for the pharmacist application and examination shall be two hundred sixty dollars (\$260) and may be increased to two hundred eighty-five dollars (\$285).

(d) The fee for regrading an examination shall be one hundred fifteen dollars (\$115) and may be increased to two hundred dollars (\$200). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license shall be one hundred ninety-five dollars (\$195) and may be increased to two hundred fifteen dollars (\$215). The fee for a pharmacist biennial renewal shall be four hundred fifty dollars (\$450) and may be reduced to three hundred sixty dollars (\$360).

(f) The fee for a wholesaler or third-party logistics provider license and annual renewal shall be one thousand dollars (\$1,000) and may be increased to one thousand four hundred eleven dollars (\$1,411). A temporary license fee shall be seven hundred fifteen dollars (\$715) and may be increased to one thousand nine dollars (\$1,009).

(g) The fee for a hypodermic license shall be five hundred fifty dollars (\$550) and may be increased to seven hundred seventy-five dollars (\$775). The fee for a hypodermic license renewal shall be four hundred dollars (\$400) and may be increased to five hundred sixty-one dollars (\$561).

(h) (1) The fee for application, investigation, and issuance of a license as a designated representative pursuant to Section 4053, as a designated representative-3PL pursuant to Section 4053.1, or as a designated representative-reverse distributor pursuant to Section 4053.2 shall be three hundred forty-five dollars (\$345) and may be increased to four hundred eighty-five dollars (\$485).

(2) The fee for the annual renewal of a license as a designated representative, designated representative-3PL, or designated representative-reverse distributor

shall be three hundred eighty-eight dollars (\$388) and may be increased to five hundred forty-seven dollars (\$547).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be three hundred forty-five dollars (\$345) and may be increased to four hundred eighty-five dollars (\$485).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be three hundred eighty-eight dollars (\$388) and may be increased to five hundred forty-seven dollars (\$547).

(j) (1) The application fee for a nonresident wholesaler or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars (\$1,000) and may be increased to one thousand four hundred eleven dollars (\$1,411).

(2) A temporary license fee shall be seven hundred fifteen dollars (\$715) and may be increased to one thousand nine dollars (\$1,009).

(3) The annual renewal fee for a nonresident wholesaler license or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars (\$1,000) and may be increased to one thousand four hundred eleven dollars (\$1,411).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars (\$40) per course hour.

(l) The fee for an intern pharmacist license shall be one hundred seventy-five dollars (\$175) and may be increased to two hundred forty-five dollars (\$245). The fee for transfer of intern hours or verification of licensure to another state shall be one hundred twenty dollars (\$120) and may be increased to one hundred sixty-eight dollars (\$168).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be seventy-five dollars (\$75) and may be increased to one hundred dollars (\$100).

(o) (1) The fee for processing an application to change information on a premises license record shall be three hundred ninety-five dollars (\$395) and may be increased to five hundred fifty-seven dollars (\$557).

(2) The fee for processing an application to change a name or correct an address on a premises license record shall be two hundred six dollars (\$206) and may be increased to two hundred eighty-two dollars (\$282).

(3) The fee for processing an application to change a pharmacist-in-charge, designated representative-in-charge, or responsible manager on a premises license record shall be two hundred fifty dollars (\$250) and may be increased to three hundred fifty-three dollars (\$353).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a clinic license shall be six hundred twenty dollars (\$620) and may be increased to eight hundred seventy-three dollars (\$873). The annual fee for renewal of the license shall be four hundred dollars (\$400) and may be increased to five hundred sixty-one dollars (\$561).

(r) The fee for the issuance of a pharmacy technician license shall be one hundred twenty dollars (\$120) and may be increased to one hundred sixty-five dollars (\$165). The fee for renewal of a pharmacy technician license shall be one hundred eighty dollars (\$180) and may be reduced to one hundred twenty-five dollars (\$125).

(s) The fee for a veterinary food-animal drug retailer license shall be six hundred ten dollars (\$610) and may be increased to eight hundred twenty-five dollars (\$825). The annual renewal fee for a veterinary food-animal drug retailer license shall be four hundred sixty dollars (\$460) and may be increased to five hundred sixty-one dollars (\$561). The fee for the temporary license shall be five hundred twenty dollars (\$520) and may be increased to seven hundred thirty-two dollars (\$732).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 and Section 4212 shall be fifty dollars (\$50) and may be increased to one hundred dollars (\$100).

(u) The fee for issuance of a sterile compounding pharmacy license or a hospital satellite compounding pharmacy shall be three thousand eight hundred

seventy-five dollars (\$3,875) and may be increased to five thousand four hundred sixty-six dollars (\$5,466). The fee for a temporary license shall be one thousand sixty-five dollars (\$1,065) and may be increased to one thousand five hundred three dollars (\$1,503). The annual renewal fee of the license shall be four thousand eighty-five dollars (\$4,085) and may be increased to five thousand seven hundred sixty-two dollars (\$5,762).

(v) The fee for the issuance of a nonresident sterile compounding pharmacy license shall be eight thousand five hundred dollars (\$8,500) and may be increased to sixteen thousand five hundred two dollars (\$16,502). The annual renewal of the license shall be eight thousand five hundred dollars (\$8,500) and may be increased to seventeen thousand forty dollars (\$17,040). In addition to paying that application fee, the nonresident sterile compounding pharmacy shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4127.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary license shall be one thousand five hundred dollars (\$1,500) and may be increased to two thousand dollars (\$2,000).

(w) The fee for the issuance of an outsourcing facility license shall be twenty-five thousand dollars (\$25,000) and may be increased to thirty-five thousand two hundred fifty-six dollars (\$35,256). The fee for the renewal of an outsourcing facility license shall be twenty-five thousand dollars (\$25,000) and may be increased to forty-one thousand three hundred sixty-six dollars (\$41,366). The fee for a temporary outsourcing facility license shall be four thousand dollars (\$4,000) and may be increased to five thousand six hundred forty-two dollars (\$5,642).

(x) The fee for the issuance of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars (\$28,500) and may be increased to forty-two thousand three hundred eighteen dollars (\$42,318). The fee for the renewal of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars (\$28,500) and may be increased to forty-six thousand three hundred fifty-three dollars (\$46,353). In addition to paying that

application fee, the nonresident outsourcing facility shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4129.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary nonresident outsourcing license shall be four thousand dollars (\$4,000) and may be increased to five thousand six hundred forty-two dollars (\$5,642).

(y) The fee for the issuance of a centralized hospital packaging license shall be three thousand eight hundred fifteen dollars (\$3,815) and may be increased to five thousand three hundred eighteen dollars (\$5,318). The annual renewal of the license shall be two thousand nine hundred twelve dollars (\$2,912) and may be increased to four thousand one hundred seven dollars (\$4,107).

(z) (1) The fee for the issuance of a license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be six hundred twenty dollars (\$620) and may be increased to eight hundred seventy-three dollars (\$873). The annual renewal fee for that correctional clinic license shall be four hundred dollars (\$400) and may be increased to five hundred sixty-one dollars (\$561).

(2) The fee for the issuance of an ADDS license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be five hundred dollars (\$500) and may be increased to seven hundred five dollars (\$705). The annual renewal fee for the correctional clinic ADDS shall be four hundred dollars (\$400) and may be increased to five hundred sixty-one dollars (\$561).

(aa) The fee for an ADDS license shall be five hundred twenty-five dollars (\$525) and may be increased to seven hundred forty-one dollars (\$741). The fee for the annual renewal of the license shall be four hundred fifty-three dollars (\$453) and may be increased to six hundred thirty-nine dollars (\$639).

(ab) The application and initial license fee for a remote dispensing site pharmacy application shall be one thousand seven hundred thirty dollars (\$1,730) and may be increased to two thousand four hundred forty dollars (\$2,440). The fee for the annual renewal shall be one thousand twenty-five

dollars (\$1,025) and may be increased to two thousand dollars (\$2,000). The fee for a temporary license shall be eight hundred ninety dollars (\$890) and may be increased to one thousand one hundred ninety-nine dollars (\$1,199).

(ac) The application and initial license fee to operate EMSADDS shall be one hundred fifty dollars (\$150) and may be increased to three hundred eighty dollars (\$380) per machine. The fee for the annual renewal shall be two hundred dollars (\$200) and may be increased to two hundred seventy-three dollars (\$273). The license fee may not be transferred to a different location if the EMSADDS is moved. The application and renewal fee for a licensed wholesaler that is also an emergency medical services provider agency shall be eight hundred ten dollars (\$810) and may be increased to one thousand one hundred forty-three dollars (\$1,143).

(ad) The fee for application and issuance of an initial license as a designated paramedic shall be three hundred fifty dollars (\$350) and may be increased to four hundred ninety-four dollars (\$494). The fee of biennial renewal shall be two hundred dollars (\$200) and may be increased to two hundred ninety-two dollars (\$292).

(ae) The fee for an application for an advanced practice pharmacist license and renewal of advanced practice pharmacist license shall be three hundred dollars (\$300) and may be increased to four hundred eighteen dollars (\$418).

(af) This section shall become operative on January 1, 2025.

Attachment 3

CALIFORNIA STATE BOARD OF PHARMACY
 QUARTERLY LICENSING STATISTICS FISCAL YEAR 2025/2026

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	109	107	0	0	216
Designated Representatives Vet (EXV)	2	3	0	0	5
Designated Representatives-3PL (DRL)	44	25	0	0	69
Designated Representatives-Reverse Distributor (DRR)	1	0	0	0	1
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	988	124	0	0	1,112
Pharmacist Exam Applications	267	298	0	0	565
Pharmacist Retake Exam Applications	401	396	0	0	797
Pharmacist Initial License Application (RPH)	631	375	0	0	1,006
Advanced Pharmacist Practitioner (APH)	73	36	0	0	109
Pharmacy Technician (TCH)	1,601	1,462	0	0	3,063
Total	4,117	2,826	0	0	6,943

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	2	1	0	0	3
Total	2	1	0	0	3

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	55	47	0	0	102
Automated Drug Delivery System (ADD(APD))	69	34	0	0	103
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	10	73	0	0	83
Clinics Government Owned (CLE)	5	3	0	0	8
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	8	0	0	8
Hospitals Government Owned (HPE)	1	1	0	0	2
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	2	0	0	0	2
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	4	0	0	5
Pharmacy (PHY)	68	92	0	0	160
Pharmacy (PHY) Chain	5	7	0	0	12
Pharmacy Government Owned (PHE)	4	2	0	0	6
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	36	29	0	0	65
Sterile Compounding (LSC)	7	22	0	0	29
Sterile Compounding Government Owned (LSE)	1	1	0	0	2
Sterile Compounding Nonresident (NSC)	1	4	0	0	5
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	2	4	0	0	6
Third-Party Logistics Providers Nonresident (NPL)	14	20	0	0	34
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	11	17	0	0	28
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	34	45	0	0	79
Total	326	413	0	0	739
*Number of applications received includes the number of temporary applications received.					
Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	0	8	0	0	8
Hospital Government Owned - Temp (HPE)	0	1	0	0	1
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	2	0	0	2
Pharmacy - Temp (PHY)	57	69	0	0	126
Pharmacy Government Owned - Temp (PHE)	1	0	0	0	1
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	19	21	0	0	40
Sterile Compounding - Temp (LSC)	4	18	0	0	22
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	2	4	0	0	6
Third-Party Logistics Providers - Temp (TPL)	0	3	0	0	3
Third-Party Logistics Providers Nonresident - Temp (NPL)	8	10	0	0	18
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	0	5	0	0	5
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	14	20	0	0	34
Total	105	162	0	0	267

LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	86	105	0	0	191
Designated Representatives Vet (EXV)	1	1	0	0	2
Designated Representatives-3PL (DRL)	35	32	0	0	67
Designated Representatives-Reverse Distributor (DRR)	2	0	0	0	2
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	771	315	0	0	1,086
Pharmacist (RPH)	618	376	0	0	994
Advanced Pharmacist Practitioner (APH)	28	51	0	0	79
Pharmacy Technician (TCH)	1,324	1,498	0	0	2,822
Total	2,865	2,378	0	0	5,243

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Pharmacist (TRP)	1	0	0	0	1
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	2	3	0	0	5
Total	3	3	0	0	6

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	33	37	0	0	70
Automated Drug Delivery System (ADD(APD))	11	70	0	0	81
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	8	48	0	0	56
Clinics Government Owned (CLE)	14	22	0	0	36
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	1	0	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	1	0	0	1
Outsourcing Facility Nonresident (NSF)	0	1	0	0	1
Pharmacy (PHY)	25	21	0	0	46
Pharmacy Government Owned (PHE)	2	1	0	0	3
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	12	0	0	15
Sterile Compounding (LSC)	6	7	0	0	13
Sterile Compounding Government Owned (LSE)	2	1	0	0	3
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	1	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	6	1	0	0	7
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	4	1	0	0	5
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	5	12	0	0	17
Total	121	237	0	0	358

Site Temporary Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned -Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	4	1	0	0	5
Hospital Government Owned - Temp (HPE)	1	0	0	0	1
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy - Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	553	35	0	0	588
Pharmacy Government Owned - Temp (PHE)	0	1	0	0	1
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	30	15	0	0	45
Sterile Compounding - Temp (LSC)	8	5	0	0	13
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	3	0	0	0	3
Third-Party Logistics Providers - Temp (TPL)	1	2	0	0	3
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	3	0	0	4
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	3	2	0	0	5
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	6	7	0	0	13
Total	610	72	0	0	682

PENDING APPLICATIONS (Data reflects number of pending applications at the end of the quarter)

Individual Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	182	171	0	0
Designated Representatives Vet (EXV)	3	4	0	0
Designated Representatives-3PL (DRL)	65	58	0	0
Designated Representatives-Reverse Distributor (DRR)	2	2	0	0
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	261	67	0	0
Pharmacist (exam not eligible)	920	1,059	0	0
Pharmacist (exam eligible)	1,195	930	0	0
Advanced Pharmacist Practitioner (APH)	121	66	0	0
Pharmacy Technician (TCH)	2,390	2,262	0	0
Total	5,139	4,619	0	0

Temporary Individual Applications Pending (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	2	1	0	0
Total	2	1	0	0

Site Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	42	49	0	0
Automated Drug Delivery System (ADD(APD))	71	35	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	0	0
Centralized Hospital Packaging (CHP)	1	1	0	0
Clinics (CLN)	174	192	0	0
Clinics Government Owned (CLE)	24	5	0	0
Drug Room (DRM)	1	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	3	10	0	0
Hospitals Government Owned (HPE)	1	2	0	0
Hospital Satellite Sterile Compounding (SCP)	1	1	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	0	0
Hypodermic Needle and Syringes (HYP)	31	31	0	0
Correctional Pharmacy (LCF)	2	2	0	0
Outsourcing Facility (OSF)	2	1	0	0
Outsourcing Facility Nonresident (NSF)	8	10	0	0
Pharmacy (PHY)	187	178	0	0
Pharmacy Government Owned (PHE)	5	5	0	0
Remote Dispensing Pharmacy (PHR)	1	0	0	0
Pharmacy Nonresident (NRP)	197	114	0	0
Sterile Compounding (LSC)	30	40	0	0
Sterile Compounding - Government Owned (LSE)	6	5	0	0
Sterile Compounding Nonresident (NSC)	17	20	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	9	10	0	0
Third-Party Logistics Providers Nonresident (NPL)	47	62	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0
Wholesalers (WLS)	46	57	0	0
Wholesalers Government Owned (WLE)	0	0	0	0
Wholesalers Nonresident (OSD)	129	154	0	0
Total	1,038	987	0	0

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	6	4	0	0
Hospital Government Owned - Temp (HPE)	1	1	0	0
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0
Pharmacy - Temp (PHY)	601	574	0	0
Pharmacy Government Owned - Temp (PHE)	0	1	0	0
Remote Dispensing Pharmacy - Temp (PHR)	1	0	0	0
Pharmacy Nonresident - Temp (NRP)	50	41	0	0
Sterile Compounding - Temp (LSC)	13	10	0	0
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0
Sterile Compounding Nonresident - Temp (NSC)	9	2	0	0
Third-Party Logistics Providers - Temp (TPL)	1	3	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	3	0	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	3	3	0	0
Wholesaler Government Owned - Temp (WLE)	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	8	0	0
Total	693	651	0	0

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	3	11	0	0	14
Designated Representatives Vet (EXV)	0	1	0	0	1
Designated Representatives-3PL (DRL)	0	1	0	0	1
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	3	0	0	3
Pharmacist (exam applications)	0	3	0	0	3
Advanced Pharmacist Practitioner (APH)	9	41	0	0	50
Pharmacy Technician (TCH)	1	6	0	0	7
Total	13	66	0	0	79

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	0	0	0	0	0

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	5	1	0	0	6
Automated Drug Delivery System (ADD(APD))	0	1	0	0	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	1	7	0	0	8
Clinics Government Owned (CLE)	1	0	0	0	1
Drug Room (DRM)	0	1	0	0	1
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	3	1	0	0	4
Pharmacy (PHY)	10	49	0	0	59
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	2	86	0	0	88
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding - Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	1	0	0	1
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	1	0	0	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	0	0	0	1
Total	24	148	0	0	172

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	5	2	0	0	7
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1	0	0	0	1
Pharmacist (exam application)	0	0	0	0	0
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Pharmacist Practitioner (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	22	13	0	0	35
Total	28	15	0	0	43

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	0	0	0	0	0

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	1	0	0	1
Pharmacy (PHY)	0	4	0	0	4
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	0	0	0	0
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	1	0	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	1	0	0	1
Total	0	7	0	0	7

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	538	392	0	0	930
Designated Representative Responded	364	265	0	0	629
Advanced Practice Pharmacist Received	305	191	0	0	496
Advanced Practice Pharmacist Responded	195	105	0	0	300
Pharmacist/Intern Received	1,239	985	0	0	2,224
Pharmacist/Intern Responded	1,239	985	0	0	2,224
Pharmacy Technician Received	2,053	2,198	0	0	4,251
Pharmacy Technician Responded	849	678	0	0	1,527
Pharmacy Received	2,546	2,707	0	0	5,253
Pharmacy Responded	2,386	2,670	0	0	5,056
Sterile Compounding/Outsourcing Received	782	822	0	0	1,604
Sterile Compounding/Outsourcing Responded	697	712	0	0	1,409
Wholesale/Hypodermic/3PL Received	924	1,172	0	0	2,096
Wholesale/Hypodermic/3PL Responded	754	797	0	0	1,551
Clinic Received	371	466	0	0	837
Clinic Responded	288	353	0	0	641
Automated Drug Delivery Systems Received	533	771	0	0	1,304
Automated Drug Delivery Systems Responded	417	492	0	0	909
Pharmacist-in-Charge Received	1,192	1,030	0	0	2,222
Pharmacist-in-Charge Responded	1,164	828	0	0	1,992
Change of Permit Received	630	757	0	0	1,387
Change of Permit Responded	707	835	0	0	1,542
Renewals Received	1,987	1,657	0	0	3,644
Renewals Responded	1,918	1,561	0	0	3,479

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	19	24	0	0	43
Advanced Practice Pharmacist	96	62	0	0	158
Pharmacist/Intern	816	558	0	0	1,374
Pharmacy	307	337	0	0	644
Sterile Compounding/Outsourcing	233	45	0	0	278
Wholesale/Hypodermic/3PL	109	169	0	0	278
Clinic	67	58	0	0	125
Automated Drug Delivery Systems	8	14	0	0	22
Pharmacist-in-Charge	125	121	0	0	246
Change of Permit	70	33	0	0	103
Renewals	2,004	1,423	0	0	3,427
Reception	15,552	12,235	0	0	27,787

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	483	413	0	0	896
Processed	337	536	0	0	873
Approved	262	486	0	0	748
Pending (Data reflects number of pending at the end of the quarter.)	319	219	0	0	219
Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	41	42	0	0	83
Processed	44	48	0	0	92
Approved	50	44	0	0	94
Pending (Data reflects number of pending at the end of the quarter.)	26	26	0	0	26
Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	9	10	0	0	19
Processed	8	10	0	0	18
Approved	9	8	0	0	17
Pending (Data reflects number of pending at the end of the quarter.)	2	4	0	0	4
Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	18	3	0	0	21
Processed	18	17	0	0	35
Approved	5	9	0	0	14
Pending (Data reflects number of pending at the end of the quarter.)	20	15	0	0	15
Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	603	596	0	0	1,199
Processed	625	626	0	0	1,251
Approved	597	627	0	0	1,224
Pending (Data reflects number of pending at the end of the quarter.)	198	150	0	0	150
Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	302	96	0	0	398
Processed	336	92	0	0	428
Approved	362	159	0	0	521
Pending (Data reflects number of pending at the end of the quarter.)	127	65	0	0	65
Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	35	25	0	0	60
Processed	22	24	0	0	46
Completed	9	30	0	0	39
Pending (Data reflects number of pending at the end of the quarter.)	39	34	0	0	34
Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	2,752	2,179	0	0	4,931
Off-site Storage	34	525	0	0	559
Transfer of Intern Hours	8	2	0	0	10
License Verification	67	64	0	0	131

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	27	23	0	0	50
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	1	0	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	10	12	0	0	22
Clinics Government Owned (CLE)	5	2	0	0	7
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	24	23	0	0	47
Pharmacy (PHY) Chain	376	11	0	0	387
Pharmacy Government Owned (PHE)	2	1	0	0	3
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	7	4	0	0	11
Sterile Compounding (LSC)	4	3	0	0	7
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	2	1	0	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	1	1	0	0	2
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	5	9	0	0	14
Total	465	92	0	0	557

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	607	635	0	0	1,242
Designated Representatives Vet (EXV)	16	6	0	0	22
Designated Representatives-3PL (DRL)	147	103	0	0	250
Designated Representatives-Reverse Distributor (DRR)	1	6	0	0	7
Designated Paramedic (DPM)	1	1	0	0	2
Pharmacist (RPH)	6,288	5,884	0	0	12,172
Advanced Pharmacist Practitioner (APH)	165	172	0	0	337
Pharmacy Technician (TCH)	7,643	6,822	0	0	14,465
Total	14,868	13,629	0	0	28,497

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	157	698	0	0	855
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	2	0	0	3
Clinics (CLN)	368	451	0	0	819
Clinics Government Owned (CLE)	71	747	0	0	818
Drug Room (DRM)	3	5	0	0	8
Drug Room Government Owned (DRE)	0	8	0	0	8
Hospitals (HSP)	90	125	0	0	215
Hospitals Government Owned (HPE)	36	16	0	0	52
Hospital Satellite Sterile Compounding (SCP)	2	2	0	0	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	52	57	0	0	109
Correctional Pharmacy (LCF)	1	52	0	0	53
Outsourcing Facility (OSF)	2	0	0	0	2
Outsourcing Facility Nonresident (NSF)	2	4	0	0	6
Pharmacy (PHY)	1,291	1,197	0	0	2,488
Pharmacy Government Owned (PHE)	75	35	0	0	110
Remote Dispensing Pharmacy (PHR)	0	2	0	0	2
Pharmacy Nonresident (NRP)	88	140	0	0	228
Sterile Compounding (LSC)	172	209	0	0	381
Sterile Compounding Government Owned (LSE)	40	8	0	0	48
Sterile Compounding Nonresident (NSC)	8	11	0	0	19
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	11	10	0	0	21
Third-Party Logistics Providers Nonresident (NPL)	51	36	0	0	87
Veterinary Food-Animal Drug Retailer (VET)	3	0	0	0	3
Wholesalers (WLS)	111	75	0	0	186
Wholesalers Government Owned (WLE)	4	6	0	0	10
Wholesalers Nonresident (OSD)	194	159	0	0	353
Total	2,835	4,056	0	0	6,891

CURRENT LICENSES - Data reflects number of licenses at the end of the quarter.

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	3,013	3,037	0	0
Designated Representatives Vet (EXV)	59	58	0	0
Designated Representatives-3PL (DRL)	645	658	0	0
Designated Representatives-Reverse Distributor (DRR)	25	23	0	0
Designated Paramedic (DPM)	3	2	0	0
Intern Pharmacist (INT)	4,451	4,498	0	0
Pharmacist (RPH)	50,252	50,385	0	0
Advanced Pharmacist Practitioner (APH)	1,537	1,587	0	0
Pharmacy Technician (TCH)	66,451	66,354	0	0
Total	126,436	126,602	0	0

Temporary Individual Licenses (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	7	8	0	0
Total	7	8	0	0

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,193	1,193	0	0
Automated Drug Delivery System (ADD(APD))	24	94	0	0
Automated Drug Delivery System EMS (ADE)	1	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	3	3	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	1	0	0
Centralized Hospital Packaging (CHP)	8	8	0	0
Clinics (CLN)	1,458	1,487	0	0
Clinics Government Owned (CLE)	929	943	0	0
Drug Room (DRM)	20	20	0	0
Drug Room Government Owned (DRE)	9	9	0	0
Hospitals (HSP)	401	401	0	0
Hospitals Government Owned (HPE)	85	85	0	0
Hospital Satellite Sterile Compounding (SCP)	5	5	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	5	5	0	0
Hypodermic Needle and Syringes (HYP)	218	210	0	0
Correctional Pharmacy (LCF)	54	54	0	0
Outsourcing Facility (OSF)	3	4	0	0
Outsourcing Facility Nonresident (NSF)	21	22	0	0
Pharmacy (PHY)	5,621	5,578	0	0
Pharmacy Government Owned (PHE)	160	158	0	0
Remote Dispensing Pharmacy (PHR)	3	3	0	0
Pharmacy Nonresident (NRP)	597	597	0	0
Sterile Compounding (LSC)	688	691	0	0
Sterile Compounding Government Owned (LSE)	118	120	0	0
Sterile Compounding Nonresident (NSC)	55	54	0	0
Surplus Medication Collection Distribution Intermediary (SME)	1	1	0	0
Third-Party Logistics Providers (TPL)	43	44	0	0
Third-Party Logistics Providers Nonresident (NPL)	176	180	0	0
Veterinary Food-Animal Drug Retailer (VET)	16	16	0	0
Wholesalers (WLS)	448	433	0	0
Wholesalers Government Owned (WLE)	11	11	0	0
Wholesalers Nonresident (OSD)	850	841	0	0
Total	13,226	13,271	0	0
Total Population of Licenses	139,669	139,881	0	0