



**California State Board of Pharmacy**  
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

## INTERN PHARMACIST REGISTRATION APPLICATION INSTRUCTIONS

### APPLICATION PROCESSING TIMEFRAME

- Please allow the board 30 days to process your application. The board will mail you a deficiency letter if your application is incomplete.
- Due to current workload the board will not be able to respond to status checks on your application unless your application has been on file for over 60 days.
- You may wish to confirm with your bank if your check as been processed as verification the board received your application.
- To verify if your license has been issued, please visit the board's website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov) under "Verify a License", as the processing time to receive your license wallet certificate is 4-6 weeks from the date the license is issued.

### APPLICATION INSTRUCTIONS

Print out the entire application and required forms as instructed under **What Makes an Application Complete** of these instructions. Please review the **Qualifying Method** section below to ensure you qualify and **What Makes an Application Complete** section below to ensure you have completed and included all the required forms prior to submitting your application to the board.

PLEASE NOTE: It is very important that when you complete the application, your name you apply under IDENTICALLY matches the name on your United States (U.S.) government issued photo identification (state issued driver's license or state issued identification card), your U.S. social security card, **AND** the name on your Request for Live Scan form or fingerprint cards.

### QUALIFYING METHOD

To apply for registration as an intern pharmacist in California, you must be:

- Currently enrolled in a school of pharmacy recognized by the board or accredited by the Accreditation Council for Pharmaceutical Education (ACPE),  
**OR**
- A graduate of a school of pharmacy recognized by the board or accredited by the Accreditation Council for Pharmaceutical Education (ACPE) who also has an application pending to become licensed as a pharmacist in California,  
**OR**
- A graduate of a foreign pharmacy school who has obtained certification from the Foreign Pharmacy Graduate Examination Committee (FPGEC). **NOTE: You will not be issued an intern registration until the board has received written verification from the FPGEC that you have obtained this certification. (This process will take up to 12 weeks for the FPGEC to provide your results to the board.)**  
**OR**
- A person who has failed the pharmacist licensure examination four times and has reenrolled in a school of pharmacy.

**WHAT MAKES AN APPLICATION COMPLETE** (Please use the following checklist to assist you in ensuring your application is complete prior to submitting your application to the board.) If your application is incomplete, the board will notify you of any deficiencies. Failure to complete your application within one year of being notified by the board of any deficiencies will result in your application being deemed abandoned and you will be required to file a new application and meet all of the requirements in effect at the time of reapplication.

- APPLICATION FEE \$90:** Submit a check, money order, or cashier's check in the amount of \$90, made payable to the Board of Pharmacy. The application fee is non-refundable.

**APPLICATION FOR REGISTRATION AS AN INTERN PHARMACIST** (form 17A-17): The application must be completed in its entirety; with all questions answered. Failure to do so will result in an incomplete application and a deficiency letter will be mailed to you. Failure to correct the deficiencies will result in your application being deemed abandoned. A passport style photo (2" x 2") must be taken within 60 days of filing the application, and must be attached to the front of the application. (Scanned images and Polaroid pictures are not accepted as the images decay over time.) You need to complete, sign, and date the application. Do not allow your school to complete pages 1, 2, and 3 of the application.

**ACTIVE DUTY MILITARY - Spouses or Partners Receive Expedited Review:** The board is required to expedite the licensure process for an applicant whose spouse or partner is an active duty member of the U.S. Armed Forces and meets other criteria. (Business and Professions Code section 115.5.) If you would like to be considered for this expedited review and process, please provide the following required documentation.

1. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?

If "yes," please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State AND military orders establishing duty station in California. For other forms of "legal union" not recognized by California, you may submit other documentary evidence of legal union issued by the State that recognizes your legal union for consideration by the board in meeting this requirement.

2. Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek licensure from the board?

If "yes," please attach a copy of the current license in another state, district, or territory of the United States.

**INTERN PHARMACIST EDUCATION AFFIDAVIT** (included with form 17A-17): This form is page 4 of the application and must be completed by the Dean of the School of Pharmacy and submitted with your application to the board.

**GRADUATE OF A FOREIGN SCHOOL OF PHARMACY:** A copy of the Pharmacy Graduate Examination Committee (FPGEC) certificate ONLY if you are a graduate of a foreign school of pharmacy.

**PRACTITIONER SELF-QUERY REPORT:** You are required to provide a sealed original Self-Query Report from the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank ((NPDB-HIPDB). It is your responsibility to attach the sealed original NPDB-HIPDB Self-Query Report to your application.

In accordance with Title 16 California Code of Regulations section 1727.2, all applicants must submit a NPDB-HIPDB Self-Query Report as part of the initial application for licensure. The instructions to request a Self-Query Report are available at NPDB-HIPDB's website: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov). The website includes a Fact Sheet on self-querying, as well as Frequently Asked Questions to assist you in requesting a report.

- Practitioner Self-Query Report requests are required to be submitted through the NPDB- HIPDB web site <http://www.hpdb-hipdb.hrsa.gov>. NPDB-HIPDB provides a toll-free number for individuals who do not have access to the Internet.
- Practitioners are required to pay a total charge of \$16.00 directly to NPDB-HIPDB.

- Practitioners are required to mail to NPDB-HIPDB a notarized copy of the Self-Query request to a specified address. This copy can be printed, which the practitioner prints out after filling the form out on-line.
- NPDB-HIPDB provides a dispute process for a practitioner that wish to submit a statement or dispute to a report.
- The board is unable to assist you with the Self-Query process. Please contact the NPDB-HIPDB Customer Service Center at: (800) 767-6732 – TDD (703) 802-9395.

- ☐ **FINGERPRINTS:** All applicants are required to have their fingerprints processed via Live Scan if they reside in California. If you reside outside of California and are unable to visit California to do the Live Scan, then you must have your fingerprints processed on the Board of Pharmacy issued fingerprint cards. DO NOT complete the Live Scan or fingerprint cards until you are ready to submit your application. The board will only accept current fingerprint clearances from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Detailed instructions for completing your fingerprints submissions are located below. Submit either A or B below with your application:
- A. Completed Live Scan receipt**, showing submission information.
- OR
- B. Completed fingerprint cards** along with the additional \$49 for the fingerprint card processing fee. Submit two rolled Board of Pharmacy fingerprint cards along with the fingerprint card processing fee with the application fee when submitting your application to the board.

**FINGERPRINT SUBMISSION INSTRUCTIONS**

The board requires the applicant to have their fingerprints submitted at the time an intern pharmacist registration application is submitted to the board regardless of any prior fingerprint submission for other applications with the board.

- A. **CALIFORNIA RESIDENT:** Complete a Live Scan Request form and take all 3 copies to a Live Scan site for fingerprint scanning. Please refer to the instructions for completing a "Request for Live Scan Service" form in this application package. The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your prints have been scanned and all applicable fees have been paid. Attach a completed copy of the Live Scan form to your application and submit to the board (this is your Live Scan receipt).

Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice’s Web site at:  
<http://aq.ca.gov/fingerprints/publications/contact.pdf>

**STEPS TO ENSURE YOUR LIVE SCAN FORM IS COMPLETED ACCURATELY BY THE LIVE SCAN OPERATOR**

It is the applicant’s responsibility to ensure that the information the Live Scan operator types into the computer system is correct before the Live Scan operator submits the transmission. Please verify the following information is correct:

- The Live Scan operator selects BOTH the **DOJ and FBI** prior to submitting the request. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07; if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.
- Verify on the Live Scan operator’s computer that the below information has been typed correctly.
  - **Full Name** is spelled correctly and matches your identification (Jr., II, etc must be included in the name). Your name must match your full name on your application.
  - **Date of Birth** is correct.
  - **US Social Security Number** It is your responsibility to notify the Live Scan operator that your US social security number is mandatory to be included in the submission for the Board of Pharmacy. Failure to ensure that your social security number is included on the submission will

result in you having to be refingerprinted and pay all fees associated with the processing of your fingerprints.

- **License type** needs to be entered as: Pharmacy Intern - Sect 4114

The board has seen an increase in the number of Live Scan transmissions where the name, date of birth, or the US social security number has been entered incorrectly or does not IDENTICALLY match the applicant's identification and the name of record on the application. If such information is entered incorrectly, the applicant will be required to redo the Live Scan process again. This is usually at the expense of the applicant. This will result in a delay in processing your application.

- B. **NON-CALIFORNIA RESIDENTS:** If you reside outside California, you must submit two rolled fingerprints with your application on Board of Pharmacy fingerprint cards along with a fingerprint card processing fee of \$49 made payable to the Board of Pharmacy (\$32 DOJ fee and \$17 FBI fee). You may contact the board to request the fingerprint cards at (916) 574-7900 or email your request to [rxforms@dca.ca.gov](mailto:rxforms@dca.ca.gov).

Fingerprints submitted on the fingerprint cards must be taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take longer than the Live Scan process, by approximately six weeks. Poor quality prints may result in rejection of the card and will substantially delay licensing since additional fingerprint cards will be required from you for processing.

17M-42 (1.13)



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## APPLICATION FOR REGISTRATION AS AN INTERN PHARMACIST

All items of information requested in this application are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law Business and Professions Code sections 4208 and 4209. Title 16 California Code of Regulations section 1706.2(e) indicates an applicant for an intern pharmacist license who fails to complete all the application requirements within one year after being notified by the board of deficiencies in his or her file, may be deemed to have abandoned the application and may be required to file a new application and meet all the requirements which are in effect at the time of reapplication.

Please read all instructions prior to completing this application. **Page 1, 2, and 3 of the application must be completed and signed by the applicant.** All questions on this application must be answered. If not applicable indicate N/A. Attach additional sheets of paper if necessary.

### Applicant Information - Please Type or Print

**MILITARY SPOUSES/PARTNERS** (Check here if you are relocating to CA as a result of your spouse's/partner's active duty military service.)

|  |                      |                    |               |
|--|----------------------|--------------------|---------------|
| Full Legal Name-Last Name  |                      | First Name         | Middle Name   |
| Previous Names (AKA, Maiden Name, Alias, etc)                              |                      |                    |               |
| *Official Mailing/Public Address of Record (Street Address, PO Box #, etc) |                      |                    |               |
| City   | State                | Zip Code           |               |
| Residence Address (if different from above)                                |                      |                    |               |
| City   | State                | Zip Code           |               |
| Home#  | Cell#                | Work#              | Email Address |
| Date of Birth (Month/Day/Year)   | **Social Security No | Driver's License # | State         |

### If you are a graduate from a foreign school of pharmacy provide:

| Name of University, College, or School of Pharmacy | Country | Date of Graduation | Type of Degree |
|--|---------|--------------------|----------------|
|  |         |                    |                |

### If you are enrolled in a United States school of pharmacy provide:

| Name of University, College, or School of Pharmacy | State | Date of Graduation | Type of Degree |
|--|-------|--------------------|----------------|
|  |       |                    |                |

TAPE A COLOR PASSPORT  
 STYLE PHOTOGRAPH  
 (2"X2") TAKEN WITHIN  
 60 DAYS OF THE FILING OF  
 THIS APPLICATION  
**NO POLAROID  
 OR  
 SCANNED IMAGES**  
 PHOTO MUST BE ON  
 PHOTO QUALITY PAPER

### Self-Query Report by the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank (NPDB-HIPDB)

Attached is the sealed envelope containing my Self-Query Report from the NPDB-HIPDB. (This must be submitted with your application.)

#### FOR BOARD USE ONLY

|                                      |   |                     |                       |
|--------------------------------------|---|---------------------|-----------------------|
| App Fee: <input type="checkbox"/>    | Qualify Code: _____                               | License #: _____    | Receipt #: _____      |
| Enf. Check: <input type="checkbox"/> | SQ HIPDB <input type="checkbox"/>                 | Date issued: _____  | Date Cashiered: _____ |
| Photo: <input type="checkbox"/>      | FP Cards Fees/Live Scan: <input type="checkbox"/> | Date expires: _____ | Amount: _____         |
| School Code: _____                   | DOJ Date: _____                                   |                     |                       |
| FPGEC: <input type="checkbox"/>      | FBI Date: _____                                   |                     |                       |
| Affidavit: <input type="checkbox"/>  |   |                     |                       |

**ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheet of paper if necessary)

|  |  |
|--|--|
| 1. Are you a candidate for the pharmacist licensure examination?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you previously applied in California for registration as an intern pharmacist with the board?<br><b>If "yes," provide the date and intern registration number.</b> _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have you taken the California Practice Standards and Jurisprudence Examination (CPJE) for pharmacist before?<br><b>If "yes," provide the exam date.</b> _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Have you ever applied and not taken the examination?<br><b>If "yes," provide the exam date.</b> _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state? <b>If "yes," provide the date and state.</b> _____  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health or safety risks?<br><b>If "yes," attach a statement of explanation. If "no," proceed to #7.</b><br>Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>If "yes," attach a statement of explanation.</b><br>If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted registration should be issued, whether conditions should be imposed, or whether you are not eligible for registration.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances?<br><br>If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Attach a statement of explanation.</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Has disciplinary action ever been taken against your pharmacist license, intern permit or technician license in this state or any other state?<br><b>If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Have you ever had an application for a pharmacist license, intern permit or technician license denied in this state or any other state?<br><b>If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied or disciplined by a government authority in this state or any other state?<br><b>If "yes," provide the name of company, type of permit, type of action, year of action and state.</b> _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator or medical director on a permit to conduct a pharmacy, wholesaler, medical device retailer or any other entity licensed in the state or any other state? If yes, provide company name, type of permit, permit number and state where licensed.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. Have you ever been convicted of any crime in any state, the USA and its territories, military court or foreign country?<br><br>Check the box next to <b>"YES"</b> if, you have ever been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to sections 1000 or 1203.4 of the Penal Code.<br><br>Check the box next to <b>"NO"</b> if you have not been convicted of a crime.<br><br>You may wish to provide the following information in order to assist in the processing of your application: 1) certified copies of the arresting agency report; 2) certified copies of the court documents; 3) and a descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident.) If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required.<br><br><b>Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary.</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Arrest Date | Conviction Date | Violation(s) | Court of Jurisdiction (Full Name and Address) |
|-------------|-----------------|--------------|---|
|             |                 |              |   |
|             |                 |              |   |

# APPLICANT AFFIDAVIT

You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

All items of information requested in this application are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete.

**Collection and Use of Personal Information.** The California State Board of Pharmacy of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4200, 4208 and 4209 and Title 16 California Code of Regulations Section 1725 and 1728. The California State Board of Pharmacy uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The California State Board of Pharmacy cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the California State Board of Pharmacy that contain your personal information, as permitted by the Information Practices Act. The official responsible for maintaining records is the Executive Officer at the board's address listed on the application. Each individual has the right to review the files or records maintained by the board, unless confidential and exempt by Civil Code Section 1798.40.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

\*Once you are licensed with the board, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code Section 6250 et seq.) and will be placed on the Internet. This is where the board will mail all correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the board, in which case your residence will not be available to the public.

**\*\* Disclosure of your U.S. social security account number is mandatory.** Section 30 of the Business and Professions Code, Section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid.

## MANDATORY REPORTER

Under California law, each person licensed by the Board of Pharmacy is a "mandated reporter" for both child and elder abuse or neglect purposes.

California Penal Code Section 11166 and Welfare and Institutions Code Section 15630 require that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 and Welfare and Institutions Code Section 15630(b)(1) [generally law enforcement, state, and/or county adult protective services agencies, etc.] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect. The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency(ies) or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine. For further details about these requirements, consult Penal Code Section 11164 and Welfare and Institutions Code Section 15630, and subsequent sections.

## APPLICANT AFFIDAVIT

(must be signed and dated by the applicant)

I, \_\_\_\_\_, hereby attest to the fact that I am the applicant whose signature  
(Print Full Legal Name)

appears below. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I have read the instructions attached to this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## INTERN PHARMACIST EDUCATION AFFIDAVIT

**Instructions:** This form must be completed by the Dean of the college. All dates must include the month, day, and year in order for the form to be accepted.

This is to certify that \_\_\_\_\_  
Print Name of Applicant

the above applicant who is applying to the California State Board of Pharmacy for an intern pharmacist registration is:

- Registered as a student in this institution seeking a degree in pharmacy.
- Re-enrolled to take additional coursework prior to re-examination by the board.

Year enrolled in school \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

I hereby certify as the Dean of the school or college of pharmacy listed below or as a person with authority and personal knowledge to certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix School Seal Here**

College, University  
or School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Printed Name of  
Dean or Person of  
Authority and  
Personal  
Knowledge of  
these Facts: \_\_\_\_\_

Title: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Email: \_\_\_\_\_





## **PHARMACY MANAGEMENT OBJECTIVE**

(OPTIONAL)

The Board of Pharmacy, realizing the needs for an improved knowledge of pharmacy management, would encourage interns to achieve the following objectives to develop fundamental skills in economics, security, personnel development and patient relations.

1. The Intern shall be able to discuss the underlying principles of preparation of a budget, daily transactions and fiscal constraints necessary in the management of the pharmacy.
2. The Intern shall be able to accurately price a prescription, OTC medication and other health related items and have an understanding of pricing policies.
3. The Intern shall be able to efficiently order drug supplies both direct and wholesale courses.
4. The Intern shall be able to discuss and demonstrate methods of inventory control and its relationship to good purchasing procedure.
5. The Intern shall be able to discuss the various prepaid or third party plans and their procedures and able to accurately complete and submit the appropriate forms for reimbursement.
6. The Intern shall be able to discuss the effective and appropriate utilization and supervision of ancillary personnel.
7. The Intern shall be capable of performing security procedures within the pharmacy.

1728. Requirements for Examination.

- (a) Prior to receiving authorization from the board to take the pharmacist licensure examinations required by section 4200 of the Business and Professions Code, applicants shall submit to the board the following:
  - (1) Proof of 1500 hours of pharmacy practice experience that meets the following requirements:
    - (A) A minimum of 900 hours of pharmacy practice experience obtained in a pharmacy.

- (B) A maximum of 600 hours of pharmacy practice experience may be granted at the discretion of the board for other experience substantially related to the practice of pharmacy.
  - (C) Experience in both community pharmacy and institutional pharmacy practice settings.
  - (D) Pharmacy practice experience that satisfies the requirements for both introductory and advanced pharmacy practice experiences established by the Accreditation Council for Pharmacy Education.
- (2) Satisfactory proof that the applicant graduated from a recognized school of pharmacy.
  - (3) Fingerprints to obtain criminal history information from both the Department of Justice and the United States Federal Bureau of Investigation pursuant to Business and Professions Code section 144.
  - (4) A signed copy of the examination security acknowledgment.
- (b) Applicants who hold or held a pharmacist license in another state shall provide a current license verification from each state in which the applicant holds or held a pharmacist license prior to being authorized by the board to take the examinations.
  - (c) Applicants who graduated from a foreign school of pharmacy shall provide the board with satisfactory proof of certification by the Foreign Pharmacy Graduate Examination Committee prior to being authorized by the board to take the examinations.

**INSTRUCTIONS FOR COMPLETING A  
"REQUEST FOR LIVE SCAN SERVICE" FORM  
(California Residents)**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

**NOTE TO APPLICANT and LIVE SCAN OPERATOR:** The applicant's name, date of birth, and US social security number must be entered in at the time of the Live Scan transmission in order for the results to be accepted by the Board of Pharmacy. If any of the required information indicated below is not entered at the time of Live Scan transmission, the applicant may be required to have a new Live Scan transmission completed.

**REQUIRED INFORMATION**

- **Type of License/Certification/Permit OR Working Title:** It is important that you print out the Live Scan form that goes with your application, as this information is already entered on the form for you. It is important that the Live Scan operator types in this information exactly into their system or at least the numeric section.
- **Name:** Print your name as it appears on your U.S. government photo identification (ID). The name on your ID must match identically to the name you enter on your application. If you change your name, you are required to notify the board within 30 days of the change.
- **Other Name (AKA):** Include all other names you have used, including your maiden name.
- **Date of Birth:** (month/day/year).
- **SEX:** Mark the appropriate gender box (male or female)
- **Driver's License Number:** California Driver's License Number.
- **Height:** Your height in feet and inches.
- **Weight:** Your weight in pounds.
- **Eye Color:** Color of your eyes
- **Hair Color:** Color of your hair
- **Place of Birth:** State or County
- **Social Security Number (Mandatory):** Your US Social Security Number. It is your responsibility to notify the Live Scan operator that your US social security number is mandatory to be included in the submission for the Board of Pharmacy. Failure to ensure that your social security number is included on the submission will result in you having to be re-fingerprinted and pay all fees associated with the processing of your fingerprints.
- **Misc. Number:** Other identification number
- **Home Address:** Your residence address
- **Level of Service:** While the Live Scan forms contained in the board's application package are pre-slugged to indicate level of service at the DOJ and FBI level, please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07; if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.

**Take the completed form** to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at [@](http://ag.ca.gov/fingerprints/publications/contact.1) or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$11, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. Please print three copies of the Request for Live Scan Service form. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

**FINGERPRINTING AUTHORITY**

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

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

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information: **Live Scan Operator – The Board of Pharmacy requires you to enter the applicant's SSN.**

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number **MANDATORY**

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

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

Original ATI Number

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

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed