



California State Board of Pharmacy
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

NON-RECOGNIZED PROVIDER PETITION FOR CONTINUING EDUCATION CREDIT

Pursuant to section 1732.2 of the California Code of Regulations (CCR), non-recognized providers may petition the board to allow continuing education credit for specific coursework which meets the standards of relevance to pharmacy practice and educational quality set forth in section 1732.1(c).

The fee required for review and approval of non-recognized provider courses is **\$40.00 per hour of coursework**, in accordance with section 4400(m) of the Business and Professions Code and CCR 1749.1(o). Submit completed petition form with required fee, a copy of the certificate of completion, a copy of the course brochure or advertisement and the syllabus (if applicable).

Non-recognized providers are limited to three petitions a year. Repeat presentations of the course are acceptable. If repeat sessions are not listed on the original petition, you may reapply by referencing the original approval date on a new petition form. No additional fee is required if petitioning for repeat presentation of an already approved course within the year; however each repeat presentation is counted towards the three petition limit.

Provider's Name:		Telephone Number:	
Street Address:		City	State
		Zip Code	
Co-Sponsor's Name			
Course Title:		Course Number: (if applicable)	
Number of hours:	Has this course been previously approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		If previously approved, when?:
Date(s) and Location(s) of course:			
Date:	1.	2.	3.
Location:			
Type of Course:	<input type="checkbox"/> Home study	<input type="checkbox"/> Live with speaker	<input type="checkbox"/> Live without speaker
Speaker's names:			
1. _____			
2. _____			
3. _____			
Continue on reverse			
Board Use Only			
Approved Number of hours	_____	Cashiering Number	_____
Denied Reason	_____	Amount:	_____
		Date	_____

Check the box which most closely reflects the course topic and follow with a brief explanation of how the course relates to the practice of pharmacy:

to the scientific knowledge or technical skills required for the practice of pharmacy _____

to direct and/or indirect patient care _____

to the specific management and operation of a pharmacy practice _____

Briefly describe the course goals and objectives (Use additional paper as necessary)

Petitioner's signature

Date signed