



**California State Board of Pharmacy**  
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STATE AND CONSUMER SERVICES AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

## PHARMACIST PETITION FOR CONTINUING EDUCATION CREDIT FROM A NON-RECOGNIZED PROVIDER

Pursuant to section 1732.2 of the California Code of Regulations (CCR), pharmacists may petition the board to allow continuing education credit for specific coursework not offered by a recognized provider, but which meets the standards of relevance to pharmacy practice and education 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 and a copy of the course brochure or advertisement.

**Please print or type**

Petitioner's Name: Last			First			Middle			Telephone:						
Street Address:				City				State				Zip Code			
Pharmacist License Number						License Expiration Date:									
Provider's Name :						Telephone:									
Street Address:				City				State				Zip Code			
Co-Sponsor's Name:															
Course Title:															
Course Number: (if applicable)				Date Attended:				Number of Hours:							
Type of Course:															
<input type="checkbox"/> Home study				<input type="checkbox"/> Live with speaker				<input type="checkbox"/> Live without speaker							
Name's of speakers:															
1. _____															
2. _____															
3. _____															

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Board Use Only		
Approved N _____	umber of hours _____	Cashiering Number _____
Denied R _____	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)

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\_\_\_\_\_

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\_\_\_\_\_  
Petitioner's signature

\_\_\_\_\_  
Date signed