



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



INSTRUCTIONS FOR FILING A PETITION

These instructions should be followed when filing a petition with the Board of Pharmacy to reinstate your license after it has been revoked or to reduce a Board-imposed penalty.

The burden of proof is on you to establish clear and convincing evidence that you are entitled to have your petition granted under California law. **It is your responsibility**, as the petitioner, to provide the Board with sufficient evidence to establish that it will be safe for consumers if your petition is granted. You must show that you are sufficiently rehabilitated and competent to safely practice pharmacy.

PROCESS FOR FILING A PETITION

- Q. How do I file a petition with the Board of Pharmacy?
- A. Filing a petition with the Board of Pharmacy is a two-step process:
1. Submit the following items to the Board.
 - The attached petition form completed and signed.
 - Documents to support your current competence and rehabilitation.
 2. Appear at the hearing before the Board to present evidence of your rehabilitation and competency.

EVIDENCE

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

- Q. How can I support that my evidence is authentic and valid?
- A. You should submit original, dated signed evidence, if possible. Documents should be on official letterhead whenever appropriate, such as letters from employers, health care professionals and other official sources. Any letters or statements should contain the following “Penalty of Perjury” statement at the end:
“I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.” The statement should be signed and dated by the writer.

Q. What kinds of evidence are appropriate to present?

A. The following documents are examples of appropriate evidence, which may be helpful in demonstrating your rehabilitative efforts and competency. Documents should be recent and dated. The list is not intended to be comprehensive, and you are not limited to these examples. You should submit evidence that is relevant to the violation that led to the discipline of your license and your subsequent rehabilitation.

- Written statements from employers and persons in positions of authority who have on-the-job knowledge of your work performance. For probationers and out-of-state licensees who have practiced pharmacy subsequent to their disciplinary action, the statements should report on your current competency. (Include Penalty of Perjury statement.)
- Performance evaluation(s) from your current and recent employers.
- Letters from counselors regarding your participation in a rehabilitation or recovery program, where appropriate. These should include a description of the program, frequency of sessions, diagnosis and prognosis in relation to safety to practice, current state of rehabilitation (or improvement), the counselor's basis for determining improvement, and credentials of counselor, and any other relevant information he or she can provide.
- Letters describing your participation in support groups, e.g. Alcoholics Anonymous, Narcotics Anonymous, Pharmacist Support Groups, etc., where appropriate. Letters should include dates and frequency of attendance and documentation of attendance such as sign-in sheets. (Include Penalty of Perjury statement.)
- Laboratory analyses or drug screen reports, where appropriate.
- Physical and/or mental examination or assessment report by a licensed physician, psychiatrist, or psychologist related to your rehabilitation and safety to practice. If your license was revoked as a result of impairment due to mental or physical illness, the law requires competent evidence of the absence or control of the condition, which caused the action taken by the board.
- Certificates of completion or transcripts of courses related to pharmacy, which you may have completed since your license was disciplined.
- Letters or proof of community service and volunteer work or other activities, which may be appropriate or relevant to demonstrating rehabilitation from the acts which led to discipline. (Include Penalty of Perjury statement.)

Q. Must these documents be original documents?

A. Yes, original documents should be submitted as evidence with the petition packet. (Always keep a copy of these originals for your records.) All documents that are submitted with the petition packet must be clear and readable.

- Q. Will the board contact people who submit documents on my behalf?
- A. Yes, the board reserves the right to contact individuals who submit documents on your behalf to verify the information. A list of names, addresses, and phone numbers for everyone submitting documents on your behalf must be included with your petition packet.

HEARING

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

- Q. How is the hearing conducted?
- A. An Administrative Law Judge will preside over the hearing proceedings. The Members of the Board of Pharmacy will hear and rule on your petition. You will sit at a table in front of the Board Members and the Administrative Law Judge. A Deputy Attorney General (DAG) from the Office of the California Attorney General will represent the State. The DAG will make a preliminary statement outlining all disciplinary actions which have been taken against your license and describe the documents you have submitted into evidence. The DAG may ask you questions about your violation and discipline, and efforts you have undertaken to rehabilitate yourself.
- Q. What will I be expected to do?
- A. You will be sworn in under oath by the judge who will ask you to state in your own words what you have done to rehabilitate yourself and to maintain current pharmacy knowledge and skills. **Be prepared to make an oral presentation at this point, which includes such a statement.** The Board Members, the Administrative Law Judge and the Deputy Attorney General may ask questions to clarify your statement or elicit additional information regarding your rehabilitation and current competency.
- Q. May I be represented by an attorney at the hearing?
- A. Yes, but it is not required. You may represent yourself or an attorney may represent you.
- Q. May I have persons come to speak on my behalf?
- A. Yes, however, their testimony and yours should be directed specifically toward your pharmacy competence and/or rehabilitation. You may choose to bring family members or friends for support even if they do not testify.
- Q. May I submit documents at the time of the hearing?
- A. It is preferable and to your advantage to make every effort to submit all relevant documents with your petition 90 days prior to your hearing. This gives the Board Members a reasonable amount of time to review and study them beforehand. If you do submit something at the hearing, you must bring dated

original documents and you must bring at least fifteen (15) copies. Please be aware that submitting documents at the last minute often causes delays in the processing and may result in a continuance in order to provide the Board Members with an opportunity to fully evaluate your documentation.

Q. How is the date and place for my hearing decided?

A. Enclosed is a schedule of Board meetings, dates and final filing dates for petitions.

Q. When will I know the exact date, time, and location for the hearings?

A. Approximately ten days prior to the Board meeting you will receive a formal "NOTICE OF PETITION HEARING" stating the date, time, and place at which you are to appear. Several cases may be scheduled on the hearing docket and it is not possible to know how long each case will last. Therefore, you need to be prepared to remain throughout the day depending on the number and length of cases and in which order they are scheduled.

THE BOARD'S DECISION

Q. When will I be notified of the Board's decision regarding my petition?

A. The Board's decision to grant or deny your petition will be mailed to you within approximately six weeks. The decision is not final until this legal document is mailed to you.

Q. If the Board does not grant my petition, may I petition again?

A. Yes. You may petition again one year after the effective date of the Board's decision to deny your petition. However, if you apply after one year has elapsed, it is at the board's discretion whether a hearing will be held.

(Rev. 5/2023)



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**GUIDELINES FOR PETITIONS FOR REINSTATEMENT,
REDUCTION OF PENALTY OR EARLY TERMINATION OF PROBATION**

In petitioning for reinstatement and early termination of probation under Business and Professions Code section 4309 or reduction of penalty under Government Code section 11522, the petitioner has the burden of demonstrating any rehabilitative or corrective measures he or she has taken since the action and, that he or she has the necessary and current qualifications and skills to safely engage in the practice of pharmacy within the scope of current law, and accepted standards of practice. In reaching its determination the board considers various factors including the following:

- (a) The original violation(s) for which action was taken against the petitioner's license including:
 1. The type, severity, number, and length of violations.
 2. Whether the violation involved intentional, negligent or other unprofessional conduct.
 3. Actual or potential harm to the public, patients, or others.
 4. The length of time since the violation(s) was committed.

- (b) Prior disciplinary and criminal actions also taken against the petitioner by the board, or any state, local or federal agency or court including:
 1. The petitioner's compliance with all terms of probation, parole, previous discipline or other lawfully imposed sanctions including any order of restitution.
 2. Whether the petitioner is currently on or has been terminated from probation or other lawfully imposed sanction.
 3. The petitioner's legal and regulatory history to and since the violation(s).

- (c) The petitioner's attitude toward his or her commission of the original violation(s) and his or her attitude regarding compliance with legal sanctions and rehabilitative efforts.

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

(e) Assessment of petitioner's rehabilitative and corrective efforts including:

1. Whether the efforts relate to the original violation(s).
2. The date rehabilitative efforts were initiated.
3. The length, time, and expense associated with rehabilitative efforts or corrective actions.
4. The assessment and recommendations of qualified professionals directly involved in the petitioner's rehabilitative efforts or acting at the request of the board, including their description of the petitioner's progress and their prognosis of the petitioner's current ability to practice pharmacy.
5. The petitioner's reputation for truth, professional ability and good character since the commission of the original violation(s).
6. The nature and status of ongoing and continuing rehabilitative efforts.

In addition, the board may consider other appropriate and relevant matters not listed in the above guidelines.

Please note that all statements to be introduced at hearing must be made in person or pursuant to Government Code section 11514 (evidence by affidavit). All other statements not made in person or pursuant to Government Code section 11514 must be under oath and will be considered only as administrative hearsay.

17R7 (Rev 5/2023)



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PETITION FOR REINSTATEMENT OF LICENSE REVOKED BY DISCIPLINARY ACTION

Section 4309 of the Business and Professions Code states that a person whose license has been revoked may petition the board for reinstatement of his or her license if they meet the following requirements:

1. Three years has elapsed from the effective date of the decision ordering disciplinary action; or
2. Two years has elapsed since a petition was previously filed pursuant to Section 4309 of the Business and Professions Code and the petitioner was afforded a hearing; or
3. A petitioner is not currently under sentence or on court-imposed probation or parole for any criminal offense. **IF YOU ARE NO LONGER ON CRIMINAL PROBATION, YOU MUST SUBMIT PROOF OF TERMINATION OF CRIMINAL PROBATION;** and
4. There is currently no accusation or petition to revoke probation pending against the petitioner with the board.

If you meet the above requirements, you may petition the board by completing and submitting the attached petition form. When completing your petition, please refer to the attached "Guidelines for Petitions for Reinstatement, Reduction of Penalty, and Early Termination of Probation." These guidelines outline the rehabilitation criteria the board has determined a petitioner should meet when petitioning for license reinstatement.

WHAT MAKES A PETITION APPLICATION COMPLETE:

Please review 1-4 to ensure your petition is complete before mailing it to the board.

1. **PETITION APPLICATION:** (17R3 Rev. 8/2019): Complete the entire application
2. **LETTERS OF RECOMMENDATION:** Letters must be within the last year from the date you are filing your petition. Each author must indicate in their letter that they have personal knowledge of the disciplinary penalty imposed by the board and your activities since the disciplinary penalty was imposed. The board suggests that letters of recommendation include facts that demonstrate an author's personal knowledge of the subject's penalty and the petitioner's activities. Examples of activities may include employment, community service, or volunteer work, etc. A board representative may contact you or anyone who has submitted a letter on your behalf.

You must provide a minimum of four letters, to include the following:

- A. **Two** or more verifiable letters of recommendations addressed to the board from holders of licenses issued by the Board of Pharmacy.
- B. **Two** or more letters of recommendations from citizens.

- 3. CONTINUING EDUCATION (Pharmacists Only):** Documentation of **30 hours of Board approved continuing education** (acquired within the last two years from the date your petition is received by the board). *Photocopies of the certificates of completion should be sent and the original certificates retained for your records.*
- 4. FINGERPRINTS:**
- California residents must use Live Scan. Non-residents can visit California to complete a Live Scan or must submit professionally rolled fingerprints on cards supplied by the board. The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (e.g. law enforcement agency) in the state the services are rendered. Fingerprints must be done within 60 days of submission of the petition.
 - **DO NOT** complete the Live Scan service or fingerprint cards until you are ready to send in your petition.
 - You must submit a copy of your Live Scan receipt or two rolled fingerprint cards with your petition.
 - Each petition requires you to complete a new Live Scan or submit new fingerprint cards.
 - The Live Scan site may charge a processing fee.
 - The board will accept fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

Please complete and attach **ONE** of the following (A or B).

A. California Resident: Attach a copy of your completed Live Scan receipt. The receipt shows you completed the Live Scan.

- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>
- Live Scan operators can make mistakes. Be proactive; make sure everything the operator keys in to their computer is correct before the operator transmits your prints to the Department of Justice.

Make sure the following information is correct when you complete your Live Scan:

- **Type of License/Certification/Permit or Working Title:** (e.g. Pharmacist – Section 4050)
- **Full Name:** Must be EXACTLY THE SAME as the name on your state issued driver's license or state issued identification card. (Jr., II, etc., must be included). It must also be EXACTLY THE SAME as the name on your application.
- **Date of Birth:** Must be correct.
- **Social Security Number:** Must be included and be correct, unless you have an ITIN. If you have an ITIN, this field should be left blank.
- **Level of Service:** Must include both DOJ and FBI.

B. Non-California Resident: You may visit California and complete Live Scan. If you cannot, then you must submit two rolled fingerprint cards with your application.

- You must use fingerprint cards from the California Board of Pharmacy.
- Request fingerprint cards through the board’s online services at https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php or email rxforms@dca.ca.gov.
- Fee: Include the fingerprint card processing fee of \$49 (\$32 DOJ and \$17 FBI), made payable to the Board of Pharmacy.
- You can send one check or money order for both the application processing fee and fingerprint card processing fee.
- Print legibly or type your personal information on the fingerprint cards. If your personal information is not legible and DOJ enters your information incorrectly, you will be responsible to submit new fingerprint cards and pay the \$49 fingerprint card processing fee again.
- Fingerprints must be taken by a person professionally trained to roll prints.
- Fingerprint clearances from cards take about six weeks longer than Live Scan.
- Poor quality prints will be rejected and will cause delay because new fingerprint cards will be required.

Submit the petition with the required documents to the address above, to the attention of the enforcement unit. The petition will be processed and evaluated for scheduling at the next available board meeting. Please be advised that you should allow **90** days for the processing of your petition, and the petition set for hearing. Below is a schedule of board meeting dates with the cut-off date for submission of a petition.

You will be notified in writing of the hearing date. At the hearing, you will be afforded the opportunity to present both oral and written evidence of your rehabilitation; and you may, but need not be, represented by counsel. In deciding the case, the board will take into consideration the petition, all recommendations, and any oral or written evidence. The board will be represented by the Attorney General’s Office and an administrative law judge will preside over the hearing.

BOARD MEETING DATES	CUT-OFF DATES	LOCATION
March 15, 2023	December 16, 2022	TBD
June 6, 2023	March 6, 2023	TBD
September 12, 2023	June 12, 2023	TBD
December 13, 2023	September 13, 2023	TBD

17R11 (5/2023)



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PETITION FOR REINSTATEMENT OF LICENSE REVOKED BY ADMINISTRATIVE ACTION

Pursuant to Section 4309 of the Business and Professions Code, a person whose license, permit, registration, certificate, or exemption has been revoked or suspended may petition the Board to reinstate the license, permit, registration, certificate, or exemption after a period of not less than three years has elapsed from the date of the revocation or suspension.

In determining whether the discipline penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the board may investigate and consider all activities of the petitioner since the disciplinary action was taken, the offense for which discipline was imposed, activity during the time the license, permit, registration, certificate, or exemption was in good standing and the petitioner's general reputation for truth, professional ability and good character.

Petitioner Information - Please Type or Print

Full Legal Name - Last Name	First Name	Middle Name
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Previous Names (AKA, Maiden Name, Alias, etc.)

*Official Mailing/Public Address of Record – Street/PO Box	City	State	Zip Code
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Residence Address – Street	City	State	Zip Code
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Telephone Numbers – Home	Cell	Work
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Date of Birth (Month/Day/Year)	** US Social Security Number or ITIN
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Email Address

California Board of Pharmacy License Number

Education

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

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

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

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

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

1. If your license is restored, what type of practice do you intend to practice?

2. Are you or have you ever been addicted to the use of narcotics or hypnotics?

Yes ___ No ___ If Yes, attach a statement of explanation.

3. Are you or have you *ever* been habitually intemperate in the use of alcohol or other drugs?

Yes ___ No ___ If Yes, attach a statement of explanation.

4. Have you *ever* been or are you currently under observation or treatment for mental disorders, alcoholism, narcotic or hypnotic drug addiction?

Yes ___ No ___ If Yes, attach a statement of explanation.

5. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4 (which includes diversion programs).
Yes ____ No ____ If Yes, attach a statement of explanation.
6. Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.)
Yes ____ No ____ If Yes, attach a statement of explanation.
7. Have you ever had disciplinary action taken against your license in this state or any other state, other than the license for which you are petitioning?
Yes ____ No ____ If Yes, attach a statement of explanation.
8. List the date of revocation of your license and explain fully the cause of the disciplinary action.
9. Explain fully why you feel your license should be restored.
10. Describe fully your activities and occupation since the date of the revocation of your license; include dates, employers, and locations.
11. Describe any rehabilitative or corrective measures you have taken since your license revocation to prepare yourself for reinstatement. List dates, nature of programs, and current status. You may include any community service or volunteer work.
12. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was revoked.
13. List all pharmaceutical literature you have studied during the last year.
14. List all continuing education courses you have completed since your license was revoked. Attach copies of the certificates.
15. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

PETITIONER AFFIDAVIT

Provide a written explanation for all affirmative answers. Failure to provide any of the requested information may result in the application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

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 pursuant to Business and Professions Code sections 30 and 4000 and following and California Code of Regulations title 16, division 17. 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.

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 law.

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 under 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 or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

***Address of Record:** The address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 and following) and the Public Records Act (Government Code section 6250 and following) and will be available on the Internet. This is where the board will mail all official 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 Number or Individual Taxpayer Identification Number (ITIN) 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 number or individual taxpayer identification number. Your social security number or individual taxpayer identification 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 number or individual taxpayer identification 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: 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 your state tax obligation is not paid.

MANDATORY REPORTER

Under California law, each person licensed by the California State Board of Pharmacy is a “mandated reporter” for both child and elder abuse or neglect laws. 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 the laws above 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, refer to Penal Code section 11164 and Welfare and Institutions Code section 15630 and following sections.

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Interim Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.3 of the Civil Code.

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

I, _____, hereby attest to the fact that I am the
(Print Full Legal Name)

petitioner whose signature appears below. I hereby certify 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 understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

Original Signature of Petitioner
(please sign and date within 60 days of submittal to the board)

Date