



**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

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
ARNOLD SCHWARZENEGGER, GOVERNOR

**INSTRUCTIONS:  
APPLICATION FOR PHARMACIST LICENSURE  
AND EXAMINATION IN CALIFORNIA**

To be licensed as a pharmacist in California, you must:

- Be at least 18 years of age.
- Have obtained a B.S. in Pharmacy or a Pharm.D. degree from an ACPE accredited college of pharmacy program. Graduates from a college of pharmacy program outside the U.S. must obtain certification from the Foreign Pharmacy Graduate Examination Committee (FPGEC).
- Have completed 1,500 intern experience hours or verified licensure as a pharmacist in another state for at least one year.
- Have taken and passed after December 31, 2003, the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE), or have passed a written and practical examination given by the board before January 1, 2004.

*Requirements for pharmacist licensure in California are listed in California Business and Professions Code section 4200(a)(1-6).*

**NAME OF RECORD WITH THE BOARD**

Your name of record with the board is the name you submit to the board on your first application whether that be your intern pharmacist or pharmacist licensure exam application. You will be made eligible under your name of record with the board. If you have an intern permit and need to verify your name of record with the board, you may do so by verifying your name on line under license verification at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

If you need to change your name of record with the board, you may do so by submitting one of the following methods of documentation:

1. A clear copy of your driver's license and United States' social security card;
2. A marriage certificate; or
3. Court documents documenting your change of name.

If you submit an application with a name different from your name of record with the board, you will be made eligible under your current name of record. You must submit proper documentation as listed above to change your name of record with the board.

In order to be admitted to take the CPJE, you will need to be prepared to display at the testing site a United States' government issued identification and United States' social security card. Your name on both forms of identification must match letter for letter as your name of record with the board (e.g. If your middle name is spelled out on your US government issued identification, your middle name must be spelled out on your US social security card and your name of record with the board).

**Before the California State Board of Pharmacy can classify you as eligible to take the NAPLEX and the CPJE, you must submit a fully completed “Application for Pharmacist Licensure and Examination (form 17A-1)” along with all other required documents and fees; specifically:**

1. **Fees** - A check or money order \$200, made payable to the Board of Pharmacy. This is a non-refundable fee. If you reside outside California, there are additional fees you must include for fingerprint analysis – see “Fingerprint Submission” below for the specific information. If you reside in California, you will pay your fingerprint fees directly to the Department of Justice if you use the Live Scan service (described below).
2. **The Application for Pharmacist Licensure and Examination** (form 17A-1), completed in its entirety and with a photo attached. Photos taken by personal Polaroid cameras, digital or scanned photos are not acceptable. Passport photographs are acceptable.
3. **An Examination Security Agreement** (form 17A-76), signed and dated.
4. **An official transcript**, showing the date of graduation and pharmacy degree earned, sent directly to the board from your school or college of graduation. Foreign graduates must submit a copy of their FPGEC certificate as proof of their FPGEC certification **INSTEAD** of providing a transcript.
5. **Experience** - Documentation of at least 1500 hours of intern experience **OR** verification that you have been licensed as a pharmacist for at least one year in another state. Specifically, you must comply with either A or B:

- A. 1. Intern Hours – Documentation of a minimum of 1500 intern hours must be submitted on the *Pharmacy Intern Hours Affidavit* (form 17A-29). The affidavit must have an original signature and be submitted with your application. A separate form is needed for each site where you have earned intern experience.

If your intern hours were obtained outside California, you must ask the board of pharmacy in the state where your hours were earned to report your intern hours to the board using form 17A-16.

**AND**

2. Attestation that you have obtained all pharmacist skills required by the board EITHER “Affidavit of Intern Experience Obtained in Community and Institutional Settings” (form 17A-77), OR if submitted as part of an earlier application (before June 2003) Pharmacist Intern Experience Affidavits (forms 17-30A and 17-30B).
  - B. Out-of-State Licensure –Submit evidence of licensure as a pharmacist for a minimum of one year (form 17A-16). Each appropriate licensing authority must complete this document.
6. **Fingerprint Submission:** All applicants must undergo a background check by submitting fingerprints for analysis by law enforcement agencies. The board requires applicants in California to use Live Scan. Applicants residing outside of California may come to California and use Live Scan or submit their fingerprints on cards obtained from the board.

The board requires the applicant to have their fingerprints resubmitted at the time a pharmacist licensure examination application is submitted to the board regardless of any prior fingerprint submission for a pharmacist intern or pharmacy technician permit.

- A. If using Live Scan:

Complete a Live Scan request form and take all three copies to a Live Scan site for fingerprint scanning. Please refer to the Instructions for completing a “Request for Live Scan Service” form on the board’s Web site. (Live Scan processing fees are paid directly at the Live Scan site.) 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 the second copy of the form to your application and submit it to the board.

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

**Note to Applicants Submitting Fingerprints Via Live Scan:** 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.

B. If using fingerprint cards:

You must submit rolled fingerprints on cards obtained from the board, together with a fee of \$51 made payable to the Board of Pharmacy (\$32 California Department of Justice (DOJ) fee, and \$19 FBI processing fee). (Live Scan processing fees are paid directly at the Live Scan site so they do not need to be paid to the board.) You may contact the board to request fingerprint cards at (916) 574-7900. You may also request cards on our website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

Fingerprints rolled on cards should 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.

7. **License Verification as a pharmacist by other states** – You must submit a license verification (form 17A-16) for each state in which you are currently or have ever been licensed as a pharmacist. This verification must be prepared by the appropriate state board of pharmacy. If you are using out-of-state licensure as a pharmacist to fulfill the experience requirement (item 5B above), you do not need to submit two license verifications (form 17A-16) from the state where you are claiming experience. Only one license verification is required for each state you are licensed or have ever been licensed as a pharmacist.

## EXAMINATION REQUIREMENTS

In order to be licensed in California as a pharmacist, you must pass the NAPLEX and the CPJE. Before you can be scheduled for the CPJE and for the NAPLEX (if California will be your primary state), the board must determine that you are eligible to take the licensure examinations. To make this determination, you must provide all seven numbered items listed above.

Once the board receives all seven items, your application will be reviewed. If you meet the requirements, you are determined as "eligible" to take the licensure exams, and the board will notify you of this in a letter. If your application is deficient, the board will send you a deficiency letter about 60 days after your application is received (to allow time for all documents to arrive), advising you of the documents needed to complete your application.

If you are determined to be "eligible," about two weeks after you receive written notice from the board, you will receive information directly from the Psychological Services, Inc. (PSI), advising you what you must do to schedule the CPJE.

If you have already applied with NABP to take the NAPLEX with California as your primary state (see the NAPLEX Registration Bulletin), you will receive an “Authorization to Test” from NABP, which provides you with information on scheduling the NAPLEX. If you have not applied to NABP, you should do so at this point (this is described more fully below).

## **Overview**

The NAPLEX examination is developed by the NABP, and administered at PSI testing centers throughout the U.S. Please refer to the NAPLEX Registration Bulletin for forms and application requirements for the NAPLEX examination (available at [www.nabp.net](http://www.nabp.net)). The cost of this examination is \$465. You must remit the \$465 fee at the time you register on-line with the NABP. DO NOT send this application or fee to the California Board of Pharmacy.

Note: You may take the NAPLEX only after you apply to one state and become eligible to take the pharmacist licensure examination according to that state’s requirements. The state where you do this is called your primary state.

If California is your primary state, you must submit the seven numbered items listed above. You may apply to take the NAPLEX when you first apply to the California State Board of Pharmacy to become eligible to take the examination or wait until you are actually deemed eligible by California.

If another state is your primary state, your NAPLEX score can be transferred to California if you designate California as a score transfer state before you take the NAPLEX. Contact the NABP for more information about this process.

If you use NABP’s score transfer program to provide a NAPLEX score to California, you will still need to apply to the California State Board of Pharmacy and fulfill all examination requirements before you will be scheduled for the CPJE, and before your score will be accessible to California.

The CPJE examination is administered by PSI. There is an administration fee of \$33 that you will pay directly to PSI for test administration services before you will be scheduled for the examination. DO NOT send this fee to the Board of Pharmacy.

Periodically, the Board of Pharmacy performs quality assurance assessments to ensure the appropriateness of the CPJE. Such an assessment delays the release time of the CPJE results anywhere from two to three months. If such an assessment is underway, information will be posted on the board’s Website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov) informing applicants of the assessment and delay in results.

Please note:

- Both examinations are administered via a computer.
- Testing centers for both examinations are available nationwide and in most cases are open six days a week, excluding holidays. You schedule the examinations where and when you wish to take them.
- You may take the exams in any order. You will have one year to take both exams from the date the board determines that you are eligible to schedule the examinations with each test provider. After one year, you will need to submit a new application and fee.
- Examination results for both exams will be mailed to you by the board. For the NAPLEX, you should receive your results 14 days after you take the exam, for the CPJE, you should receive your results in about 30 days, unless the board is conducting a quality assurance assessment in which case the information would be posted on the board’s Web site.
- The two examinations are separate. If you fail one exam and pass the other, you must reapply and take only the examination that you did not pass. If you fail the NAPLEX, you must reapply with the NABP and pay the necessary fees in order to retake the exam as well as submit a retake application with the

board. No fee is required to apply to the board to retake the NAPLEX. If you fail the CPJE, you must reapply with the board and pay the required fee of \$200.

- If you fail either examination, you will not be able to retake it for 90 days. The retake process for each exam is described below.

## COMPLETE APPLICATIONS

Once the board has received all items listed above, it will make a decision about your eligibility to take the examinations.

### 1. IF ELIGIBLE:

The board will notify you in writing that your application to take the examination is complete and you are eligible to take both exams. The board will also notify PSI (who will contact you) and the NABP (if you have registered on-line and submitted the fees to the NABP as described below) that you are deemed eligible by California to take the pharmacist licensure examinations.

IF NOT ELIGIBLE: You will need to complete the deficiencies – see incomplete applications below.

### 2. MAKE TEST ARRANGEMENTS – specifically:

**NAPLEX:** Apply directly to the NABP using information available by downloading the NAPLEX/MPJE Bulletin (see the NABP Web site). You must register on-line and remit the \$465 fee to the NABP. You may do this before or after California has determined you are eligible to take the pharmacist examinations. However, the NABP will not contact you until you have registered on-line and remitted the \$465 fee to the NABP. Once the board has determined you are eligible and you have paid your fee to the NABP, the NABP will mail you an Authorization to Test form (ATT). At this point, you will be able to schedule the location, date and time for your NAPLEX exam. Requirements and specifications for the NAPLEX are available in the NAPLEX/MPJE Bulletin. Additionally, there is a preNAPLEX test you may take as well.

**CPJE:** Wait up to 14 days following receipt of the board's notification that you are eligible, for PSI will mail you a Candidate Handbook. The outside cover of the handbook is your "Notice of Eligibility." Use the information in this handbook to contact PSI. After you pay PSI \$33, you will be able to schedule an appointment to take the CPJE. Again, the board encourages you to read this handbook carefully – it contains important information about the examination and procedures at the test site.

You are encouraged to read all information published about the NAPLEX and the CPJE. Failure to comply with the testing procedures may result in your examination not being graded and forfeiting of your application and/or testing fees.

**Special Accommodations:** The California State Board of Pharmacy recognizes its responsibilities under Title II of the Americans with Disabilities Act to provide reasonable accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the board will not provide an accommodation which fundamentally alters the measurement of the knowledge or skills the examination is intended to test, compromises examination security, or creates an undue financial and administrative burden.

A candidate who seeks an accommodation has the responsibility to make the request to the board and to provide reasonable documentation of the need for accommodation at least 90 days before he or she can take the written examination. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent allowed by law. Information on this process is available from the board's Web site.

## **INCOMPLETE APPLICATIONS**

You will be notified of any deficiencies in your application only once. It is your responsibility to correct all deficiencies. You will know that you have been deemed eligible to take the examination when you receive your notice of eligibility letter from the board.

If it has been more than 30 days since you have received a deficiency letter and you have not been notified that you are eligible to take the examinations, please contact the board via email at [intern-examstatus@dca.ca.gov](mailto:intern-examstatus@dca.ca.gov)



**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

STATE AND CONSUMERS AFFAIRS AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 ARNOLD SCHWARZENEGGER, GOVERNOR

## APPLICATION FOR PHARMACIST LICENSURE AND EXAMINATION

**Your name of record with the board must match identically with both your government-issued photo identification and federal social security card for admission to the CPJE. If they do not, you need to correct your identification so that the names match identically. Original government-issued photo identification and social security cards are required at the CPJE examination site.**

### NAME OF RECORD

Last Name		First Name		Middle Name		TAPE A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION  <b>NO POLAROID OR          SCANNED IMAGES</b>	
Former, Alias or "AKA" Names							
*Address of Record		Number		Street (Including Apt Number if applicable)			
City		State		Zip Code			
Residence Address: (if different from above)							
City		State		Zip Code			
Home Phone Number		Work Phone Number		Email Address			
(    )		(    )					
Date of Birth		Driver License Number		State			** Social Security Number
University, College or School(s) of Pharmacy attended							
Name of university, college or school		Country		Date of Graduation		Degree	

### DO NOT WRITE BELOW

Photo: <input type="checkbox"/>	Security: <input type="checkbox"/>	FP Cards: <input type="checkbox"/>	FP Fees: <input type="checkbox"/>	DOJ Clear: <input type="checkbox"/>	FBI Clear: <input type="checkbox"/>	Exam History			CASHIERING ONLY	
						Date	NAPLEX	CPJE	APPLICATION FEE	
Transcript: <input type="checkbox"/>	FG: <input type="checkbox"/>	TSE: <input type="checkbox"/>	Emp Ver. <input type="checkbox"/>	Requalified <input type="checkbox"/>	School _____	Amount		RECEIPT		
						LICENSE FEE		Receipt No.		
Intern Hrs _____		C/I: <input type="checkbox"/>				Amount		RECEIPT		
						Amount		RECEIPT		
						Amount		RECEIPT		
						Amount		RECEIPT		
						Amount		RECEIPT		

List all state(s) where you have been or are currently registered as a pharmacist (If more space is needed attached additional sheet)

State	Registration number	Active or inactive	Expiration date

**ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS**

1. Have you ever taken the California pharmacist licensure exam before January 1, 2004 (when it was a multiple-choice and short answer/essay exam)?  Yes  No  
**If "yes," provide all exam date(s).** \_\_\_\_\_
2. Have you taken the CPJE before?  Yes  No  
**If "yes," provide all dates.** \_\_\_\_\_
3. Have you passed the CPJE?  Yes  No  
**If "yes," provide the exam date.** \_\_\_\_\_
4. Have you taken the NAPLEX after January 1, 2004?  Yes  No  
**If "yes," provide all dates.** \_\_\_\_\_
5. Have you passed the NAPLEX after January 1, 2004?  Yes  No  
**If "yes," provide the exam date.** \_\_\_\_\_
6. Have you ever applied for and not taken the exam?  Yes  No  
**If "yes," provide exam date(s).** \_\_\_\_\_
7. Are you a registered intern pharmacist in California?  Yes  No  
**If "yes," provide California intern number.** \_\_\_\_\_
8. Are you a registered pharmacy technician in California?  Yes  No  
**If "yes," provide pharmacy technician registration number.** \_\_\_\_\_
9. Have you ever been registered as a pharmacist in California?  Yes  No  
**If "yes," provide California pharmacist license number.** \_\_\_\_\_
10. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state?  Yes  No  
**If "yes," provide the date and state.** \_\_\_\_\_
11. Have you previously taken a pharmacist exam which was not graded or had exam results withheld on grounds of dishonest conduct during an examination in this state or any other state?  Yes  No  
**If "yes," provide the date and state** \_\_\_\_\_
12. 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 and safety risks?  Yes  No  
**If "yes," attach a statement of explanation. If "no," proceed to #14.**
13. Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program?  Yes  No  
**If "yes," attach a statement of explanation.**

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 license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.

14. Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances?  Yes  No

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? **Attach a statement of explanation.**

15. 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 local jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside under Penal Code section 1203.4. Traffic violations of \$500 or less need not be reported. **If "yes," attach an explanation including the type of violation, the date, circumstances, location and the complete penalty received.**  Yes  No

16. Has disciplinary action ever been taken against your pharmacist license or intern permit in this state or any other state? **If "yes," attach a statement of explanation.**  Yes  No

17. Have you ever had an application for a pharmacist license or an intern permit denied in this state or any other state? **If "yes," attach a statement of explanation.**  Yes  No

18. Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied by a governmental authority in this state or any other state? **If "yes," provide the name of company, type of permit, type of action, year of action and state.**  Yes  No

Name of person or company	Type of permit	Type of action	Year of action	State

**You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed withdrawn as incomplete.**

19. Please read and sign the following:

APPLICANT AFFIDAVIT	
<p>I, _____, hereby attest to the fact that I am the applicant whose signature appears below. I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license. 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 personally completed this application and have read and understand the instructions accompanying this application.</p>	
<p>_____ Signature of Applicant</p>	<p>_____ Date</p>

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, telephone number (916) 574-7900, 1625 N Market Blvd, N219, Sacramento, California 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him or her by the board, unless the records are identified as confidential information and exempted by Civil Code section 1798.40.

\*Once you are licensed with the board, your address of record will be 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 upon licensure. If you do not wish your residence address to be available to the public, you must provide an alternate address, for example a post office box number or a personal mailbox (PMB). However, you must also provide your residence address to the board. The alternate address will 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.

### **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 sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.



**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

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
ARNOLD SCHWARZENEGGER, GOVERNOR

## EXAMINATION SECURITY ACKNOWLEDGEMENT

The California State Board of Pharmacy is committed to maintaining the security and the confidentiality of all examination materials during every phase of development and administration. The board strictly enforces examination security and will prosecute any individual who has been determined to be in violation of statutes pertaining to examination security.

There are a number of laws and regulations that provide for the security of the state's occupational exams and exam processes, such as the board's licensure exams. These include Business and Professions Code sections 123, 496 and 584, as well as Civil Code section 980 and California Code of Regulation section 1723.1.

For example, it is a misdemeanor for anyone to compromise or attempt to compromise a licensing examination. Persons convicted of this crime are personally liable for up to \$10,000 in damages and the costs of litigation, in addition to other penalties. The board may also deny or revoke a license on grounds that the applicant has compromised or attempted to compromise a licensing examination.

Examples of compromising a licensing examination include removing examination materials from a test site without authorization; aiding by any means the reproduction of any portion of the actual examination; paying or using professional or paid examination takers to reconstruct any portion of the examination; and selling, distributing, buying, receiving or having unauthorized possession of any portion of a future, current or previously administered licensing examination. For example, an individual who memorizes a test item with or without intent to provide this information to the provider of a review course is compromising the exam.

California law provides that no person shall violate the security of a licensing examination. Examples include impersonating someone, attempting to impersonate someone, or soliciting the impersonation of someone. Using notes and looking at another candidate's examination materials are two examples of dishonest conduct. Any form of dishonest conduct or cheating, including using prohibited aids, giving or receiving assistance, or communicating with others, may result in the voiding of your examination results and/or dismissal from the examination site.

Failure to follow the instructions of the testing center administrators, whether or not dishonest conduct or cheating is involved, may also result in the disqualification of your examination results and/or dismissal from the examination site.

The test site administrators reserve the right to videotape any examination session.

By signing this acknowledgement, you are affirming that you fully understand the foregoing. A violation of these laws may result in your disqualification as a candidate and could result in an administrative action and/or denial of a pharmacist or intern pharmacist license by the board, plus other penalties.

I hereby acknowledge that I have read the above statement.

\_\_\_\_\_  
Name of Candidate Printed

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date



**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

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
ARNOLD SCHWARZENEGGER, GOVERNOR

**AFFIDAVIT OF INTERN EXPERIENCE  
OBTAINED IN COMMUNITY AND INSTITUTIONAL PHARMACY SETTINGS**

I certify under penalty of perjury under the laws of the state of California that I have complied with California Code of Regulations section 1728 with respect to my intern experience. Specifically, I have completed experience in both community and institutional pharmacy settings.

\_\_\_\_\_  
Name of Applicant Printed

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

\_\_\_\_\_  
Date





**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

STATE AND CONSUMERS AFFAIRS AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 ARNOLD SCHWARZENEGGER, GOVERNOR

## LICENSE AND NON-CA INTERN HOURS VERIFICATION

**INSTRUCTIONS:** This form is to be completed by the licensing authority in each state where you are licensed or state from which you want to transfer intern hours to California. The form must be completed even if the license is no longer current or active. Please return the state-verified form with your application.

### TO BE COMPLETED BY APPLICANT

(Please print or type)

Name of Applicant		Telephone Number	
		(    )	
Address	Street and Number	City	State      Zip Code
Title of License		License Number	Issue Date      Expiration Date

### TO BE COMPLETED BY STATE BOARD OFFICE VERIFYING LICENSURE

The person listed above has applied for a pharmacist license in California. Before further consideration is given to this application, we would appreciate your assistance in completing the information requested below. Upon completion of this form, please return it to the applicant for submission with the application.

**LICENSURE VERIFICATION PROVIDED BY THE STATE OF** \_\_\_\_\_

Name		License Number	
Type of License Issued:	Intern Hours on File	Date License issued	Expiration Date of License
License Status:			
Active	<input type="checkbox"/>	Inactive	<input type="checkbox"/>
Other	<input type="checkbox"/>	If other, please explain: _____	

Has the licensee been found guilty of any violation for which disciplinary action was taken? Yes  No

If disciplinary action has been taken against this licensee, please provide this office with all available documentation regarding the action.

*Board Seal*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**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 applicant's name, date of birth or US Social Security Number are not entered at the time of Live Scan transmission, the applicant may have to have a new Live Scan transmission completed.

1. **Job Title or Type of License, Certification, or Permit:** Enter the type of license, certification or permit for which you are applying. Appropriate license types include pharmacist, pharmacy technician, intern pharmacist, exemptee, or if an owner or officer of a pharmacy, hospital, clinic, wholesaler or hypodermic permit enter appropriate title of the facility.
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number
15. **Level of Service:** While the Live Scan forms contained in the board's application package are pre-plugged 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.htm> 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 \$19, 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. 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:** \_\_\_\_\_ Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

### Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Contact Name (Mandatory for all school submissions) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Telephone No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Please print) Last First Middle

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_

POB: \_\_\_\_\_ Street or PO Box \_\_\_\_\_

SOC: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

### Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Contact Name (Mandatory for all school submissions) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Telephone No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Please print) Last First Middle

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_

POB: \_\_\_\_\_ Street or PO Box \_\_\_\_\_

SOC: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

### Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Contact Name (Mandatory for all school submissions) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Telephone No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Please print) Last First Middle

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_

POB: \_\_\_\_\_ Street or PO Box \_\_\_\_\_

SOC: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_