California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

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

LICENSING COMMITTEE REPORT

Seung Oh, PharmD, Licensee Member, Chairperson
Trevor Chandler, Vice-Chairperson
Renee Barker, PharmD, Licensee Member
Jessica Crowley, PharmD, Licensee Member
Jason Weisz, Public Member

a. Draft Survey Related to Pharmacist to Pharmacy Technician Ratio

Relevant Law

Paragraph (1) of subdivision (g) of Business and Professions Code (BPC) section 4115 provides that a pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a) of BPC section 4115.[1] This paragraph further provides that the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to BPC sections 4116 or 4117, nor shall this ratio apply for the following:

1. An inpatient of a licensed health facility.
2. A patient of a licensed home health agency.
3. An inmate of a correctional facility of the Department of Corrections and Rehabilitation.
4. A person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

Paragraph (2) of subdivision (g) of BPC section 4115 provides authority for the Board to adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency.

[1] Subdivision (a) of BPC section 4115 states: "A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician."

California Code of Regulations, title 16, section 1793.7(f) specifies that for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty.

Background

Over the years there have been several legislative attempts to change the ratio requirements. Further, the Board has received numerous requests from the public to schedule a discussion on the current ratio requirements.

A review of the National Association of Boards of Pharmacy (NABP) Survey of Pharmacy Law reveals a variety of different ratios established in different states. It is important to note that review of various state ratios does not necessarily provide an apples-to-apples comparison, as the licensing requirements and authorized functions for pharmacy technicians are not consistent and vary widely between states. Further, unlike in California, many states require individuals who are performing clerk/typist duties (*i.e.*, order entry/data entry) to be licensed as pharmacy technicians.[2]

With an understanding of these variances, below are examples of ratios established in some states.

- Several states appear to allow a 3:1or 4:1 ratio, with some states requiring that the ratio must include one or more pharmacy technicians that are certified by the Pharmacy Technician Certification Board (PTCB).
- Some states have provisions that allow for a pharmacy manager to petition the state board of pharmacy to increase a ratio beyond the minimum established in their respective jurisdiction under specified conditions.
- At least one state establishes a ratio of 1:4, which allows for supervision of two registered pharmacy technicians and two unlicensed personnel.
- Other states have no ratio or specify that the pharmacist can determine the number of licensed pharmacy technicians.

During the Committee's October 2023 meeting, members and stakeholders considered several policy questions related to the current ratio and potential opportunities for change. After consideration, the Committee indicated its

[2] As noted above, in California the 2:1 ratio does not apply to personnel performing clerical functions. (See BPC section 4115(g)(1).)

desire to develop a survey for pharmacists soliciting feedback on the issue of ratios.

Following the October 2023 Licensing Committee Meeting, staff worked with the Committee chair and a Department of Consumer Affairs (DCA) expert in survey design to develop potential survey questions.

Summary of Committee Discussion and Action
During the January 2024 meeting, members and stakeholders reviewed the draft survey questions. Committee members generally spoke in support of the survey questions and requested clarification on question 8 related to the authorized duties of a pharmacy technician. Members also received feedback from the public suggesting a change to questions 19 and 20 to add another option to the response list related to PIC authority to determine the appropriate ratio.

Should the Board agree with the recommendation from the Committee, staff will finalize the survey with the chair and DCA experts. It is anticipated the results of the survey will be available for review by the Committee no later than the July 2024 Licensing Committee Meeting. The Committee is offering the following motion:

> **Committee Motion**: Recommend approval of the survey with rewording of question 8 and including an additional option on questions 19 and 20 to allow a respondent to specify that the ratio should be determined by the PIC.

Attachment 1 includes a copy of the updated draft questions for the survey.

b. Proposed Amendment to California Code of Regulations, Title 16, Section 1707.4, Related to Central Fill Pharmacies

Relevant Law
California Code of Regulations, title 16, section 1707.4 generally provides authority for a pharmacy licensed by the Board to process a request for refill of a prescription received by a pharmacy within California under specified conditions including:

1. The pharmacy that is to refill the prescription either has a contract with the pharmacy that received the prescription or has the same owner as the originating pharmacy.
2. The prescription container meets labeling requirements and clearly shows the name and address of the pharmacy refilling the prescription and/or the name and address of the pharmacy which receives the refilled prescription for dispensing to the patient.

3. The patient is provided with written information that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
4. Both pharmacies maintain complete and accurate records of the refill, as specified.
5. Both pharmacies shall each be responsible for ensuring the order has been properly filled.
6. The originating pharmacy is responsible for compliance with the requirements set forth in California Code of Regulations, title 16, sections 1707.1 (duty to maintain medication profiles), 1707.2 (duty to consult), and 1707.3 (duty to review drug therapy and patient medication record prior to delivery).

Background

As part of the October 2023 Committee meeting, members considered the Board's current regulations and several policy questions. Members received significant public comment during the meeting.

The Committee ultimately determined that changes to the Board's regulations are necessary to provide clarity on the Board's regulation of central fill pharmacies.

Following the October meeting, staff worked with the Committee chair to draft potential amendments to 16 CCR section 1707.4.

Summary of Committee Discussion and Action

During the January 2024 meeting, members discussed the draft regulation proposal. The Committee questioned the proposed provisions related to final verification with members generally agreeing a pharmacist should have a review of the dispensed product but without consensus on how that should be accomplished.

Public comment on the proposed regulation urged the language to provide flexibility regarding final product verification with one commenter noting that the proposed language does not address final product verification for prescriptions filled by technology. The Committee also received comments expressing concern with the proposed regulation and noting that some existing models may go beyond what is being proposed, such that the proposed changes would disrupt current central fill operations, and concerns about limiting central fill pharmacies to only those located in California.

The Committee also received a comment in support of the proposed regulation noting that central fill pharmacies allow the use of technology. It was also suggested that members need to consider how the proposed regulatory changes potentially interact with California Code of Regulations, title 16, section 1713.

The Committee received a request to present at a future meeting on the central fill model and how it works in practice both in California and nationally.

The Committee did not act on this item. It is anticipated that additional discussion will occur at future meetings.

Attachment 2 includes the draft regulation language reviewed by the Committee.

c. Proposed Definition of Mail Order Pharmacy

Background

During the October 2023 Committee meeting, members initiated review of the requirements for mail order pharmacies and noted that generally, all pharmacies are regulated under the same legal requirements. Although the Board does have some regulations that may establish a unique requirement for a specified type of license (*e.g.*, central fill requirements discussed under the prior agenda item or laws related to chain community pharmacies), generally all pharmacies must comply with the same laws. While this approach may allow for simplicity, it can also create some confusion. Further, a broad approach can at times lead to patient safety concerns.

As part of the Committee's discussion, members noted that the Pharmacy Law does not currently include a definition of the term "mail order pharmacy." Members discussed the need for inspection authority for nonresident pharmacies and also voiced concerns about temperature control issues that may need to be addressed in the mail order pharmacy context.

Following discussion, members noted the need for the Committee to continue its discussion on the topic of mail order pharmacies and further noted that, depending on the outcome of the Committee's assessment, the issue may be appropriate for inclusion in the Board's sunset report.

Summary of Committee Discussion and Action

During the January 2024 meeting members considered a draft definition of "mail order pharmacy". Members noted that establishing a definition would ensure a common understanding between the board and stakeholders. Members sought clarification on the 75% threshold established to define some of the parameters of a mail order pharmacy and also expressed concern that the language did not appear sufficiently concise.

Public comment expressed concern about referencing "delivery service" in the definition, noting that many patients have become accustomed to pharmacies delivering their medications. Public comment also suggested that the Board's focus should be placed on nonresident pharmacies versus all mail order pharmacies.

Public comment agreed the issue appeared appropriate for consideration as part of the Board's sunset process. Public comment also sought more clarity on the 75% threshold established in the proposed definition.

Following discussion, the Committee noted that action was not appropriate during the meeting. Chairperson Oh will work with staff before the next meeting in preparation for the Committee's next discussion on the issue.

Attachment 3 includes the draft definition of "mail order pharmacy" discussed by the Committee.

d. Pharmacy Technician Training Program Requirements

Relevant Law

BPC section 4038 defines a "pharmacy technician trainee" as a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education.

BPC section 4115.5 allows a pharmacy technician trainee to be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician. This practical training has certain limitations as set forth in the law. For example, the externship shall be for a period of no fewer than 120 hours and no more than 140 hours, unless the externship includes a rotation between a community and hospital pharmacy, in which case the externship may be for a period of up to 340 hours. (See BPC section 4115.5(c).) The externship is also limited to a period of no more than six consecutive months in a community pharmacy setting and to a total of no more than 12 months if the externship

involves rotation between a community and hospital pharmacy. (See BPC section 4115.5(d).)

BPC section 4202 generally establishes the requirements for a pharmacy technician license and includes four pathways to licensure, one of which is completing a course of training specified by the Board (see BPC section 4202(a)(2)).

California Code of Regulations, title 16, section 1793.6 further clarifies that a course of training specified by the Board is:

- Any pharmacy technician training program accredited by the American Society of Health-Systems Pharmacists (ASHP);
- Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion; or
- Any other course that provides a training period of at least 240 hours of instruction covering specified content, and that also satisfies certain other requirements.

Background

Programs accredited by the ASHP must comply with ASHP accreditation standards. ASHP also provides a Model Curriculum that provides details on how to meet the accreditation standards. The Model Curriculum includes standards and key elements for both entry-level and advanced-level pharmacy technician education and training. Currently, the Board accepts any ASHP-accredited program, regardless of level (*i.e.*, entry-level or advanced-level).

As part of the pharmacy technician license application process, the Board accepts an affidavit verifying completion of a training course. Where the applicant has completed an employer-based training course, the affidavit is signed, under penalty of perjury, by the pharmacist who provided the training.

For the Board's general awareness, below are some common issues Board staff have encountered in this area:

1. Applicants submitting affidavits indicating completion of an employer-based training program that does not meet the requirements specified in California Code of Regulations, title 16, section 1793.6(c).
2. Applicants attempting to satisfy the training requirement by working as a clerk in the pharmacy.
3. Applicants unable to provide documentation of training, *e.g.* training materials, coursework, exams, etc.

4. Training programs completed only after documentation was requested by the Board.
5. Training programs managed by personnel other than the pharmacist signing the affidavit of completion.
6. Inconsistent documentation of training programs within the same pharmacy.
7. Inconsistent implementation of training programs within the same pharmacy.
8. Inconsistent understanding of and compliance with BPC section 4115.5 with regard to externships for "pharmacy technician trainees."

Some of these findings may support comments that have been received as part of the Licensing Committee's discussion on expansion of pharmacy technician duties; for instance, comments were received that suggest there are variances in the quality of training programs which result in variability of skills and training among pharmacy technicians.

Summary of Committee Discussion and Action

During the January 2024 meeting, members discussed this issue, including issues identified by staff related to employer-based training programs. Members noted the need to take a balanced approach to ensure barriers to licensure are not created while also ensuring pharmacy technicians are well trained and educated. Members shared personal experience with the variability of training among pharmacy technicians completing employer-based trainings and suggested the need for more oversight of such trainings, including perhaps requiring accreditation of employer-based training programs by the ASHP/ACPE Technician Program Accreditation.

Public comment suggested that requiring employer-based training programs to be accredited by ASHP/ACPE would not be appropriate given the authorized duties of pharmacy technicians vary nationally. Public comment also suggested that the Board should receive a presentation on the ASHP/ACPE training program requirements. Public comment also suggested that employers are in the best position to decide what training is best for the pharmacy technicians in their workforce and that literature supports that nonaccredited training programs can be appropriate.

Following public comment members continued the discussion and generally agreed on the need to establish a baseline for technician training. The Committee considered if it would be appropriate to audit pharmacy technician training programs or another means of oversight.

The Committee did not take action and will continue its consideration of the issue at a future meeting.

e. Proposed Amendment to California Code of Regulations, Title 16, Section 1793.65, Related to Pharmacy Technician Certification Programs Approved by the Board

Relevant Law

As noted above under the previous agenda item, BPC section 4202 generally establishes the requirements for a pharmacy technician license and includes four pathways to licensure. One of these pathways is certification by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the Board. (See BPC section 4202(a)(4).)

California Code of Regulations, title 16, section 1793.65(a) specifies that the pharmacy technician certification programs approved by the Board are the Pharmacy Technician Certification Board (PTCB) and the National Healthcareer Association. Section 1793.65(b) establishes a December 31, 2024 sunset date for these program approvals.

BPC section 139 requires DCA to develop a policy regarding examination development and validation, and occupational analysis. The section further requires that every board within DCA have a method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation, which must include:

1. A description of the occupational analysis serving as the basis for the examination;
2. Sufficient item analysis data to permit a psychometric evaluation of the items;
3. An assessment of the appropriateness of prerequisites for admittance to the examination; and
4. An estimate of the costs and personnel required to perform these functions.

Background

The DCA Licensure Examination Validation Policy (which has been established to meet the mandate of BPC section 139) provides in part that, generally, an occupational analysis and examination outline should be updated every five years to be considered current.

Statutory changes effective January 1, 2017, updated the provisions for authorized pharmacy technician certification programs by expanding authorization to programs accredited by the National Commission for Certifying Agencies. (Prior provisions of the law limited the provisions to certification by the Pharmacy Technician Certification Board.) In response to the change, the Board promulgated regulations to identify the Board

approved programs. Although the Board initiated the rulemaking in 2017, for a variety of reasons, the regulation (*i.e.*, 16 CCR section 1793.65) did not become effective until January 1, 2023.

Summary of Committee Discussion and Action

Members were advised that the Board has contracted with the DCA Office of Professional Examination Services (OPES) to conduct evaluation of the two pharmacy technician certification programs to ensure compliance with the provisions of BPC section 139. Members noted that while the work to conduct the evaluations is underway, it is anticipated that the evaluation results will not be available until Fall 2024. Given this anticipated timing, it is appropriate to consider an extension of the current sunset date of the program approvals to ensure this pathway to licensure remains in place.

The Committee noted agreement with the staff recommendation to pursue an extension of 18 months from the current December 31, 2024 sunset date to allow sufficient time for the OPES evaluations to be conducted, consideration of the results by the Board, and completion of subsequent rulemaking.

The Committee received public comment in support of the extension. The commenter also suggested it may be appropriate for the Board to consider if additional training programs should be added to the list.

Following discussion, the Committee is offering the following motion:

> **Motion**: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, section 1793.65 as proposed to be amended. Authorize the executive officer to further refine the language consistent with the Board's discussion and to make any nonsubstantive changes.

Attachment 4 includes a copy of the DCA Licensure Examination Validation Policy and draft regulation language.

f. Licensing Statistics

Licensing statistics from July 1, 2023 – December 31, 2023, are provided in **Attachment 5**.

During the first six months of FY 2023/24, the Board has received 6,580 initial applications, including:

- 990 intern pharmacists
- 1,228 pharmacist exam applications (398 new, 830 retake)
- 69 advanced practice pharmacists
- 2,293 pharmacy technicians

- 183 community pharmacy license applications (183 PHY - 10 chain, 173 nonchain, 0 PHR)
- 26 sterile compounding pharmacy license applications (20 LSC, 6 NSC, 0 SCP)
- 61 nonresident pharmacy license applications
- 9 hospital pharmacy license applications

During the first six months of FY 2023/24, the Board has received 4 requests for temporary individual applications (Military Spouses/Partners), including:
- 4 temporary pharmacy technician applications

During the first six months of FY 2023/24, the Board has received 239 requests for temporary site license applications, including:
- 135 community pharmacy license applications
- 18 sterile compounding pharmacy license applications
- 38 nonresident pharmacy license applications
- 8 hospital pharmacy license applications

During the first six months of FY 2023/24, the Board has issued 5,119 individual licenses, including:
- 961 intern pharmacists
- 1,130 pharmacists
- 50 advanced practice pharmacists
- 2,774 pharmacy technicians

During the first six months of FY 2023/24, the Board has issued 1 temporary individual application (Military Spouses/Partners), including:
- 1 temporary pharmacy technician

During the first six months of FY 2023/24, the Board has issued 382 site licenses without temporary license requests, including:
- 188 automated drug delivery systems (187 AUD, 1APD)
- 42 community pharmacies
- 0 hospital pharmacies

During the first six months of FY 2023/24, the Board has issued 207 temporary site licenses, including:
- 143 community pharmacies
- 5 hospital pharmacies

Processing Times

Site Application Type	Application Processing Times as of 10/7/2023	Application Processing Times as of 1/5/2024	Deficiency Mail Processing Times as of 10/7/2023	Deficiency Mail Processing Times as of 1/5/2024
Pharmacy	59	28	69	71
Nonresident Pharmacy	85	53	87	123
Sterile Compounding	18	28	58	46
Nonresident Sterile Compounding	18	51	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	Current	Current	19	Current
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	Current	14	Current	Current
Clinic	54	45	40	60
Wholesaler	32	14	80	53
Nonresident Wholesaler	32	7	Combined with Wholesaler	Combined with Wholesaler
Third-Party Logistics Provider	30	9	Combined with Wholesaler	Combined with Wholesaler
Nonresident Third-Party Logistics Provider	36	Current	Combined with Wholesaler	Combined with Wholesaler
Automated Drug Delivery System	19	18	Current	Current
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 10/7/2023	Application Processing Times as of 1/5/2024	Deficiency Mail Processing Times as of 10/7/2023	Deficiency Mail Processing Times as of 1/5/2024
Exam Pharmacist	5	8	3	1
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	96	21	29	2
Intern Pharmacist	31	10	5	4
Pharmacy Technician	19	25	114	9
Designated Representative	64	93	123	1
Designated Represenatives-3PL	96	92	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

Attachment 1

Draft Survey Questions on Pharmacy Technician Ratio

Q1. Are you currently licensed as a pharmacist in California?

Yes

No

Q2. Are you actively practicing as a pharmacist in California?

Yes

No

Q3. If yes, to question 2 Is your primary practice setting located in California?

Yes

No

Q4. Which of the following best describes your primary practice setting?

Outpatient/Community Pharmacy – Chain

Outpatient/Community Pharmacy – Non-Chain

Sterile Compounding Outpatient Setting

Long-Term Care

Inpatient Hospital

Ambulatory Care Site

Mail Order or Central Fill Pharmacy

Correctional Facility

Home health/home infusion/infusion center

Pharmaceutical Industry

Health Plan/Managed Care

Pharmacy Benefit Manager

Specialty Pharmacy

Academia

Research

Other: please specify

Q5. Are you the designated pharmacist-in-charge (PIC) at your primary worksite?

Yes

No

Q6. Are you in a management or administrative position for your employer, e.g., district manager, supervisor, scheduler, etc.?

Yes

No

Q7. Do you work at multiple worksites for a single employer or through a relief agency?

Yes

No

Q8. Does your worksite currently use pharmacy technicians to assist the pharmacist in the pharmacy with the performance of authorized duties of a pharmacy technician?

Yes

No

Q9. Do you currently supervise a pharmacy technician?

Yes

No

Q10. Do you currently supervise a pharmacy intern?

Yes

No

Q11. Do you currently supervise a pharmacy technician trainee?

Yes

No

Q12. Do you currently supervise other pharmacy personnel, e.g. cashiers, clerk typists, delivery couriers, etc ?

Yes

No

If yes, please specify on average how many other pharmacy personnel do you supervise in a typical shift.

Q13. Does your primary worksite perform sterile compounding?

Yes

No

If yes, please specify if the sterile compounding is typically performed by a pharmacy technician.

Yes

No

Q14. Does your primary worksite perform nonsterile compounding?

Yes

No

If yes, please specify if the nonsterile compounding is typically performed by a pharmacy technician.

Yes

No

Q15. What is the average prescription volume during a typical day at your primary worksite including immunizations?

Less than 50

50 – 100 prescriptions

101 – 150 prescriptions

151 – 200 prescriptions

201 – 250 prescriptions

251 – 300 prescriptions

301 – 350 prescriptions

351 – 400 prescriptions

Over 400 prescriptions

Not applicable for my primary worksite

Q16. Does your worksite use any technology (such as automatic dispensing machines, photographic verification, etc.) as part of the dispensing process?

Yes

No

If yes, please specify how technology is used?

Q16. Is your worksite a closed-door pharmacy?

Yes

No

Q17. Does your worksite have pharmacists working overlapping hours?

Yes

No

If yes, please specify the number of overlapping hours in a typical shift.

Q18. If you are the PIC, do you have authority to adjust staffing to address workload?

Yes

No

Q19. Do you believe the current pharmacist to pharmacy technician ratio in a noninsitutional setting (currently 1:1) is appropriate?

Yes

No

If no, please indicate what you believe is the appropriate ratio.

1:2

1:3

1:4

The ratio should be established by the PIC.

Other, please specify.

Q20. Do you believe the current pharmacist to pharmacy technician ratio in the institutional setting (currently 1:2) is appropriate?

Yes

No

If no, please indicate what you believe is the appropriate ratio.

1:1

1:3

1:4

The ratio should be established by the PIC.

Other, please specify

Q21.In your setting, do you believe you could provide more comprehensive patient care if the number of pharmacy technicians a pharmacist can supervise is increased?

Yes

No

Q22. If the Board established an increase in the number of pharmacy technicians a pharmacist could supervise, do you believe the PIC should be required to make a specific determination for the ratio to be used at their worksite?

Yes

No

Q23. If there is an increase in the number of pharmacy technicians that can be supervised by a pharmacist, do you believe the pharmacist should have the authority to refuse to supervise the additional pharmacy technicians?

Yes

No

Q24. Do you have any additional comments you believe would be helpful to the Board as it considers potential changes to the pharmacist to pharmacy technician ratio?

Attachment 2

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. Board of Pharmacy

PROPOSED REGULATORY LANGUAGE
Central Fill Pharmacies

Proposed changes to the current regulation language are shown by ~~strikethrough~~ for deleted language and underline for added language.

Amend Section 1707.4 to Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1707.4. Procedures for ~~Refill~~ Central Fill Pharmacies.

(a) A central fill pharmacy located in California and licensed by the B~~b~~oard may process a request for ~~refill of a~~ prescription medication received by ~~a~~ another pharmacy within this state, provided:
(1) The pharmacy that is to ~~re~~fill the ~~prescription~~ medication either has a contract with the pharmacy which received the prescription or has the same owner as the other pharmacy.
(2) The prescription container:
(A) is clearly labeled with all information required by S~~s~~ections 4076 and 4076.5 of the Business and Professions Code; and
(B) as applicable, clearly shows the name and address of the pharmacy ~~re~~filling the ~~prescription~~ medication ~~and/~~or the name and address of the pharmacy which receives the ~~refilled prescription~~ medication to dispense to the patient. Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.
(3) The patient is provided with written information indicating that the prescription may be filled at a central fill pharmacy, and written information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
(4) Both pharmacies maintain complete and accurate records ~~of the refill~~, including:
(A) the name of the pharmacist who ~~re~~filled the prescription;
(B) the name of the pharmacy ~~re~~filling the prescription; and
(C) the name of the pharmacy that received the prescription ~~refill request~~.
(5) The pharmacy which ~~re~~fills the prescription and the pharmacy to which the ~~refilled~~ prescription is provided for dispensing to the patient shall each be responsible for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy must perform final product verification prior to

dispensing, which may include review of photographs of the final product in lieu of physical visual verification.
(6) The originating pharmacy is responsible for compliance with the requirements set forth in ~~S~~sections 1707.1, 1707.2, and 1707.3 of the California Code of Regulations.
~~(b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.~~
(b) For purposes of this section, a central fill pharmacy is defined as a California-licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy to dispense to the patient.

Credits

NOTE: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4063, 4076, 4076.5, 4081, and 4333, Business and Professions Code.

Attachment 3

Proposed Definition for Mail-Order Pharmacy

"Mail-order pharmacy" is defined as a pharmacy licensed pursuant to section 4110 or 4112, whose primary business is to dispense prescription drugs or devices pursuant to lawful and valid prescriptions and to deliver, ship or mail the drugs or devices to patients in California by utilizing the United States postal service, a common carrier, a delivery service, or any other method or mode of delivery. For purposes of this section, a pharmacy that delivers, ships, or mails, to patients in any state, more than seventy-five percent of prescriptions is defined as a mail-order pharmacy.

Attachment 4

Proposed Amendment to 16 CCR § 1793.65 as follows:

§ 1793.65. Pharmacy Technician Certification Programs Approved by the Board.

(a) Pursuant to Business and Professions Code section 4202(a)(4), the board approves the pharmacy technician certification program offered by:
(1) The Pharmacy Technician Certification Board, and
(2) The National Healthcareer Association.
(b) Approval of these programs is valid through ~~December 31, 2024~~ June 30, 2026.

Credits
NOTE: Authority cited: Sections 4005 and 4202, Business and Professions Code. Reference: Sections 4038 and 4202, Business and Professions Code.

DEPARTMENTAL POLICY

TITLE	**LICENSURE EXAMINATION VALIDATION POLICY**		
POLICY OWNER	OFFICE OF PROFESSIONAL EXAMINATION SERVICES		
POLICY NUMBER	OPES 22-01	**SUPERSEDES**	OPES 18-02
ISSUE DATE	November 23, 2022	**EFFECTIVE**	IMMEDIATELY
DISTRIBUTE TO	ALL EMPLOYEES		
ORIGINAL APPROVED BY	*Original Signature on File Kimberly Kirchmeyer Director		
NUMBER OF PAGES	1 of 11	**ATTACHMENTS**	NONE

POLICY

It is the policy of the Department of Consumer Affairs (DCA) that occupational analyses and examination development studies are fundamental components of licensure programs. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining professional licenses. To that end, licensure examinations must be:

- Developed according to an examination outline that is based on a current occupational analysis.
- Regularly evaluated.
- Updated when tasks performed or prerequisite knowledge in a profession change, or to prevent overexposure of test questions.
- Reported annually, in terms of validation activities, to the Legislature.

APPLICABILITY

This policy applies to all employees, governmental officials, contractors, consultants, and temporary staff of DCA; and any of its divisions, bureaus, boards, and other constituent agencies. Within this policy, the generic acronym “DCA” applies to all of these entities. For purposes of this policy, “board” shall refer to all boards, bureaus, or committees.

PURPOSE

The purpose of this policy is to meet the mandate of Business and Professions (B&P) Code section 139 (a) and (b) directing DCA to develop a policy regarding examination development and validation, and occupational analyses; and B&P Code section 139 (c)

and (d) directing DCA to evaluate and report annually to the Legislature the methods used by each regulatory entity for ensuring that their licensing examinations are subject to periodic evaluations.

On September 30, 1999, the Office of Professional Examination Services (OPES) completed and distributed to its clients an internal publication "Examination Validation Policy" in compliance with B&P Code section 139 (a) and (b). In 2000, DCA policy "*Licensing Examinations – Reporting Requirements*" (OER-00-01) was established to meet the mandate of B&P Code section 139 (c) and (d). OER-00-01 has since been abolished. This new policy addresses the provisions of all four subsections of B&P Code section 139: (a), (b), (c), and (d).

AUTHORITY

- Business and Professions Code section 139 (a), (b), (c), and (d).
- Business and Professions Code section 101.6.
- Government Code section 12944 (a) of the Fair Employment and Housing Act.
- *Uniform Guidelines on Employee Selection Procedures (1978)*, adopted by the Equal Employment Opportunity Commission, Civil Service Commission (EEOC), Department of Labor, and Department of Justice.
- Civil Rights Act of 1964, as amended.

DEFINITIONS

Content domain is the realm of behaviors, knowledge, skills, abilities, or other characteristics that a particular test is intended to measure, as reflected by its examination outline, and about which the scores are generally intended to be generalized.

Content-related evidence of validity is the evidence that shows the extent to which the content of a selection procedure is a representative sample of work-related personal characteristics, work performance, or other work activities or outcomes.

Criterion-referenced passing score is a specified point in a distribution of scores at or above which candidates are considered successful in the selection process. By definition, the criterion-referenced passing score is related to a minimally acceptable competence criterion and is the same for all applicant groups.

Entry level in licensure testing refers to newly licensed individuals. In relation to examination development workshops, licensees 0-5 years post-licensure are generally considered sufficiently close to "entry level" to provide substantive information about this area.

Examination development specialists are individuals who are trained, experienced, and skilled in licensure-related occupational analysis; licensure-related examination planning, development, validation, administration, scoring, and analysis; and the professional and technical standards, laws, and regulations related to these tasks.

Examination outline is organized around the content domains drawn directly from the results of an occupational analysis. The content domains are comprised of the knowledge, skills, and abilities that have been determined to be the essential elements of competency for the occupation being assessed. In addition to the listing of content domains, the examination outline specifies the number or proportion of items that are planned to be included on each test form for each content domain. These proportions reflect the relative importance of each content domain to competency in the occupation. They are sometimes also referred to as test specifications, test plans, or test blueprints.

Minimum acceptable competence is the minimum level of knowledge, skill, and ability required of newly licensed individuals that, when the profession is performed at this level, would not cause harm to the public health, safety, or welfare.

Occupational analysis is a method used to gain an understanding of the work behaviors and activities required, or the worker requirements (i.e., knowledge, skills, abilities, and other personal characteristics), and the context or environment in which an organization and individual may operate. For occupational licensing, the term occupational analysis is preferred over job analysis or practice analysis because the scope of analysis is across a profession, not an individual job.

Reciprocity review of a licensure examination is an analysis of an occupational licensure examination accepted by another state. The purposes of the review are (1) to evaluate whether professional testing standards are being met and (2) to determine whether the examination is comparable (i.e., substantially similar) to the examination(s) used in California to meet initial licensure requirements. If an examination meets technical standards and professional guidelines, and if the examination is comparable to California examination(s), licensees who pass that examination may be deemed competent to practice in California.

Reliable measurement/reliability is the degree to which scores for a group of candidates are consistent over one or more potential sources of error (e.g., time, raters, items, conditions of measurement, etc.) in the application of a measurement procedure.

Review (Audit) of a national licensure examination is an analysis of a nationally developed and administered licensure examination for a profession. The goals of the review are (1) an assessment of whether professional testing standards are being met and (2) the identification of any critical aspects of the profession that are practiced in California and should be (but is not) tested nationally.

Subject matter experts (SMEs) are licensees who have a thorough knowledge of the work behaviors, activities, and responsibilities of job incumbents and the knowledge, skills, abilities and other characteristics needed for effective performance on the job. To participate in examination development workshops, SMEs should be practitioners currently possessing an active license in good standing and who are active in their profession. When contracting for their services, DCA refers to SMEs as Expert Consultants.

Validation is the process by which evidence of content accuracy is gathered, analyzed, and summarized.

Validity is the “degree to which accumulated evidence and theory support specific interpretations of test scores entailed by proposed uses of a test.” Validity is not a property inherent in a test; it is the degree to which the decisions based on that test are accurate. For licensing examinations, validity is interpreted as correctly differentiating between persons who are qualified to competently and safely practice a profession from those who are not.

PROVISIONS

A. VALIDATION TOPICS

B&P Code section 139 (b) requires OPES to address eight specific topics, plus any other topics necessary to ensure that licensing examinations conducted on behalf of DCA are validated according to accepted technical and professional standards.

1. AN APPROPRIATE SCHEDULE FOR EXAMINATION VALIDATION AND OCCUPATIONAL ANALYSIS AND CIRCUMSTANCES UNDER WHICH MORE FREQUENT REVIEWS ARE APPROPRIATE

Occupational Analysis Schedule
Generally, an occupational analysis and examination outline should be updated every 5 years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession’s job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession. The board is responsible for promptly notifying the examination development specialist of any significant changes to the profession. This is true both for California-specific and national licensure examination-related occupational analyses.

Examination Validation Schedule
New forms of a licensure examination assist in the legal defensibility of the examination, prevent overexposure of test items, and keep the examination current. The decision to create an examination, or new forms of an examination, is made by the board responsible for the license in consultation with the examination development specialist. The creation of new examination forms depends on the needs of the testing program and the number of people taking the examination.

2. MINIMUM REQUIREMENTS FOR PSYCHOMETRICALLY SOUND EXAMINATION VALIDATION, EXAMINATION DEVELOPMENT, AND OCCUPATIONAL ANALYSES, INCLUDING STANDARDS FOR SUFFICIENT NUMBER OF TEST ITEMS

Boards have the ultimate responsibility to ensure that a licensure examination meets technical, professional, and legal standards and protects the health, safety, and welfare of the public by assessing a candidate's ability to practice at or above the level of minimum acceptable competence.

The inferences made from the resulting scores on a licensing examination are continuously validated. Gathering evidence in support of an examination and the resulting scores is an ongoing process. Each examination is created from an examination outline that is based upon the results of a current occupational analysis that identifies the job-related critical tasks, and related knowledge, skills, and abilities necessary for safe and competent practice. Examinations are designed to assess those knowledge, skills, and abilities. To ensure that examinations are job-related, SMEs must participate in all phases of examination development.

All aspects of test development and test use, including occupational analysis, examination development, and validation, should adhere to accepted technical and professional standards to ensure that all items on the examination are psychometrically sound, job-related, and legally defensible. These standards include those found in *Standards for Educational and Psychological Testing*, referred to in this policy as the *Standards*; and the *Principles for Validation and Use of Personnel Selection Procedures*, referred to in this policy as the *Principles*.

The *Standards* and *Principles* are used as the basis of all aspects of the policies contained in this document. The EEOC *Uniform Guidelines on Employee Selection Procedures* (1978) provide direction on the legal defensibility of selection-related examinations.
Other professional literature that defines and describes testing standards and influences professionals is produced by the following organizations:

- *American Educational Research Association (AERA)*
- *American Psychological Association (APA)*
- *Council on Licensure, Enforcement, and Regulation (CLEAR)*
- *Equal Employment Opportunity Commission (EEOC)*
- *Institute for Credentialing Excellence (ICE)*
- *National Council of Measurement in Education (NCME)*
- *Society for Industrial and Organizational Psychology (SIOP)*

Minimum Requirements for Psychometrically Sound Occupational Analysis
The minimum requirements for a psychometrically sound occupational analysis are as follows:

- Adhere to a content validation strategy or other psychometrically sound examination development method as referenced in a recognized professional source.
- Develop an examination outline from the occupational analysis.

- Gather data from a sample of current licensees in the State of California that represents the geographic, professional, and other relevant categories of the profession.

Minimum Requirements for Psychometrically Sound Examination Development and Validation

The minimum requirements for psychometrically sound examination development and validation are as follows:

- Adhere to the *Standards* and *Principles*.
- Document the process following recommendations in the *Standards* and *Principles*.
- Conduct with a trained examination development specialist in consultation with SMEs.
- Use an examination outline and psychometrically sound item-writing guidelines.
- Follow established security procedures.

Standards for Sufficient Number of Test Items

The number of items in an examination should be sufficient to ensure content coverage and provide reliable measurement. Both empirical data and the judgment and evaluation by SMEs should be used to establish the number of items within an examination. The empirical data should include results from an occupational analysis, item analysis, and test analysis.

The item bank for a licensure examination should contain a sufficient number of items such that: 1) at least one new form of the examination could be generated if a security breach occurred; and 2) items are not exposed too frequently to repeating examinees. Boards should develop an examination retake policy that minimizes the overexposure of test items.

3. SETTING PASSING STANDARDS

Passing score standards for licensure examinations must:

- Follow a process that adheres to accepted technical and professional standards.
- Adhere to a criterion-referenced passing score methodology that uses minimum competence at an entry level to the profession.

An arbitrary fixed passing score or percentage, such as 70%, does not represent minimally acceptable competence. Arbitrary passing scores are not legally defensible.

If a board has an appeals process for candidates who are not successful in their examination, once a criterion-referenced passing score has been determined for a multiple-choice examination, the board shall not change a candidate's score without consultation with the examination development specialist.

4. STANDARDS FOR REVIEW OF STATE AND NATIONAL EXAMINATIONS

All licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards, as described elsewhere in these provisions. At a minimum, the following factors must be considered in a review of state and national examination programs:

- Right to access information from all studies and reports from test vendors (local or national).
- Right of state agency to review recent examination.
- Description of methodology used to establish content-related validity.
- Occupational analysis report and frequency of updates.
- Method to ensure standards are set for entry level practice.
- Examination outline and method to link to the occupational analysis.
- Information about the sample of practitioners surveyed.
- Item development process (experts used, editing methods, etc.).
- Sufficient size of item banks.
- Pass-point setting methodology.
- Examination security methods; examination administration processes.
- Examination reliability.
- Pass–fail ratio.
- Statistical performance of examinations.

The suitability of an occupational analysis conducted on a national level to validate a national exam that is/could be used in California and for use in examination development in California for a California-only examination must be determined by: (1) a review of the methodology of the occupational analysis, including the demographics of the practitioners upon which it is based to ensure California practice is appropriately represented; and (2) a comparison study between a current California occupational analysis of the profession and the national occupational analysis to assess the validity of the national examination content for California practice.

Reciprocity

Reciprocity refers to the mutual recognition, endorsement, and acceptance by the State of California of licenses granted by other jurisdictions. Reciprocity agreements often include a waiver of certain California licensing requirements, such as a practice-based examination. Licensure examinations accepted in California as part of reciprocity agreements are not used for licensure in California, but individuals passing them may be qualified to practice in California without fulfilling all California licensure requirements. These examinations should be validated according to technical and professional standards to ensure that they are legally defensible. Before a licensure examination is accepted under a reciprocity

agreement, a comparison study must be performed to verify that the examination meets professional standards for validity, that the scope of practice measured by the examination is substantially similar to the California scope of practice, and that the examination is a sufficient measure of the critical competencies required for practice in California. The study should carefully evaluate differences in the scope of practice or competencies measured by the examination, and the study should determine whether waiving the California licensure examination would endanger the public. The board should consult with OPES to conduct this study.

Additional Considerations for Reciprocity

In addition to conducting a comparison study of the licensure examination, the board should evaluate the equivalency of education and experience requirements set by the jurisdiction for initial licensure within the license category requesting reciprocity. The board should set other relevant criteria, such as requiring a minimum number of years licensed and that the license must be in good standing. The board should also determine whether licensees seeking reciprocity should be required to pass a California-specific examination, e.g., a jurisprudence examination.

5. APPROPRIATE FUNDING SOURCES FOR EXAMINATION VALIDATIONS AND OCCUPATIONAL ANALYSES

Budget line items should be designated exclusively for examination development and occupational analyses projects. To assure validity, maintain consistency, preserve security, and ensure the integrity of the examination program, the budget line items need to be continuous appropriations.

Boards should budget for costs associated with examination and occupational analysis development; contracting with a computer-based testing vendor for electronic examination administration; and projecting for expenses associated with travel and per diem for SMEs who participate in examination development and occupational analysis workshops. Boards that administer examinations by paper and pencil should also consider the expense of examination proctors, including their travel and per diem expenses; examination site rental; additional security resources; and printing costs for the preparation guides and examination booklets.

Boards must have the budgetary flexibility to adapt to unexpected or additional program needs. For example, the potential for catastrophic incidents such as a security breach and the cost to replace the compromised examination should be considered in determining overall examination-related costs.

Boards contract via intra-agency contracts (IACs) with OPES for examination-related services. Currently, boards request OPES' services and submit a Budget Change Proposal (BCP) to obtain expenditure authority if they do not already have a budget line item for these expenditures. Boards are then charged, and OPES is reimbursed through the IACs for occupational

analyses, national examination reviews, and ongoing examination development, evaluation, construction, and publication services. Consulting and psychometric expertise and test scoring and item analysis (TSIA) services, among others, continue to be funded by distributed administrative costs (pro rata).

6. CONDITIONS UNDER WHICH BOARDS SHOULD USE INTERNAL AND EXTERNAL ENTITIES TO CONDUCT THESE REVIEWS

A board may choose to use external and/or internal resources for licensure examination development and/or review of state and national licensure examinations, and must determine the most logical application of those resources.

OPES is the internal resource for examination review and California-specific examination development services for DCA. OPES also conducts reviews of national examination programs to ensure compliance with California requirements.

If OPES is unable to provide the requested service, external development and review may occur. External examination development or review of a national licensure examination occurs when the board contracts with a qualified private testing firm.

7. STANDARDS FOR DETERMINING APPROPRIATE COSTS OF REVIEWS OF DIFFERENT TYPES OF EXAMINATIONS, MEASURED IN TERMS OF HOURS REQUIRED

The *Standards* provide “a basis for evaluating the quality of testing practices.” These criteria can be used to identify tasks that must be performed in the development and validation of a licensure examination. Costs are applied to the performance of each task, based on its difficulty, available technology, and the complexity of the profession.

OPES has a defined fee schedule that is based on the number of hours to complete each phase of the project. An occupational analysis and an examination development project will require different tasks to be performed; therefore, the number of hours varies from one phase to another. The time and tasks required depends on the profession, type of exam, number of forms, frequency of administration, technology resources, and other factors.

8. CONDITIONS UNDER WHICH IT IS APPROPRIATE TO FUND PERMANENT AND LIMITED-TERM POSITIONS WITHIN A BOARD TO MANAGE THESE REVIEWS

Because examinations are critical to the mandate for consumer protection, it is necessary that if a board provides an examination, it should maintain examination support staff. The number of support staff needed is determined by each board’s examination requirements and secured through the budget process.

Factors that may affect change in the number of needed staff support include, but are not limited to the following:

- An increase in the number of times an examination is offered.
- A change of method by which an examination is administered, for example:
  - From paper to computer-based testing administration.
  - From oral panel to written examination format.
  - From written-only to the addition of a practical examination.
- A change of examination administration, for example:
  - From a national to a California-based examination, or vice versa.
  - A change in examination administration vendors.
- A unique circumstance such as a breach of examination security.
- A change in legislative mandates.

B. YEARLY REPORTING REQUIREMENTS

B&P Code section 139 (c) specifies that every regulatory board shall submit to DCA on or before December 1 of each year its method for ensuring that every licensing examination is subject to periodic evaluation. These evaluations must include four components:

1. A description of the occupational analysis serving as the basis for the examination.
2. Sufficient item analysis data to permit a psychometric evaluation of the items.
3. An assessment of the appropriateness of prerequisites for admittance to the examination.
4. An estimate of the costs and personnel required to perform these functions.

B&P Code section 139 (d) states that the evaluation specified in section 139 (c) may be conducted either by the Board, Bureau, Committee, OPES, or a qualified private testing firm.
OPES compiles this information annually into a report for the appropriate fiscal, policy, and review committees of the Legislature. This report is consolidated into DCA's Annual Report.

VIOLATIONS

Validation ensures that licensing examinations are psychometrically sound, job-related, and legally defensible. Failure to follow the provisions of this policy may result in licensing persons who do not meet the minimum level of competency required for independent and safe practice, exposing California consumers and DCA's regulatory entities to considerable risk of harm by unqualified licensees.

REVISIONS

OPES is responsible for determining whether this policy needs revision; questions regarding revision should be directed to OPES at (916) 575-7240. Specific questions regarding the status or maintenance of this policy should be directed to the Division of Programs & Policy Review at DPPR@dca.ca.gov.

RELATED DOCUMENTS

Departmental Policy Memorandum “Examination Security”: OPES 22-01
Departmental Policy “Participation in Examination Workshops”: OPES 20-01

Attachment 5

CALIFORNIA STATE BOARD OF PHARMACY
QUARTERLY LICENSING STATISTICS FISCAL YEAR 2023/2024

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	100	85	0	0	185
Designated Representatives Vet (EXV)	0	4	0	0	4
Designated Representatives-3PL (DRL)	33	31	0	0	64
Designated Representatives-Reverse Distributor (DRR)	1	0	0	0	1
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	858	132	0	0	990
Pharmacist Exam Applications	231	167	0	0	398
Pharmacist Retake Exam Applications	415	415	0	0	830
Pharmacist Initial License Application (RPH)	659	480	0	0	1,139
Advanced Practice Pharmacist (APH)	40	29	0	0	69
Pharmacy Technician (TCH)	1,206	1,087	0	0	2,293
Total	**3,543**	**2,430**	**0**	**0**	**5,973**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	1	3	0	0	4
Total	**1**	**3**	**0**	**0**	**4**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	72	45	0	0	117
Automated Drug Delivery System (ADD(APD))	1	0	0	0	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	32	33	0	0	65
Clinics Government Owned (CLE)	23	15	0	0	38
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	2	5	0	0	7
Hospitals Government Owned (HPE)	0	2	0	0	2
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	1	0	0	2
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	2	2	0	0	4
Pharmacy (PHY)	96	74	0	0	170
Pharmacy (PHY) Chain	5	5	0	0	10
Pharmacy Government Owned (PHE)	1	2	0	0	3
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	25	36	0	0	61
Sterile Compounding (LSC)	10	8	0	0	18
Sterile Compounding Government Owned (LSE)	1	1	0	0	2
Sterile Compounding Nonresident (NSC)	2	4	0	0	6
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	3	3	0	0	6
Third-Party Logistics Providers Nonresident (NPL)	8	5	0	0	13
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	23	13	0	0	36
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	26	20	0	0	46
Total	**333**	**274**	**0**	**0**	**607**
*Number of applications received includes the number of temporary applications received.					
Applications Received with Temporary License Requests	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	2	4	0	0	6
Hospital Government Owned - Temp (HPE)	1	1	0	0	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	82	51	0	0	133
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	23	0	0	38
Sterile Compounding - Temp (LSC)	7	6	0	0	13
Sterile Compounding Government Owned - Temp (LSE)	1	1	0	0	2
Sterile Compounding Nonresident - Temp (NSC)	1	2	0	0	3
Third-Party Logistics Providers - Temp (TPL)	1	4	0	0	5
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	2	0	0	4
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	8	9	0	0	17
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	7	0	0	14
Total	**129**	**110**	**0**	**0**	**239**

LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	57	78	0	0	135
Designated Representatives Vet (EXV)	0	7	0	0	7
Designated Representatives-3PL (DRL)	16	43	0	0	59
Designated Representatives-Reverse Distributor (DRR)	2	1	0	0	3
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	458	503	0	0	961
Pharmacist (RPH)	665	465	0	0	1,130
Advanced Practice Pharmacist (APH)	19	31	0	0	50
Pharmacy Technician (TCH)	1,228	1,546	0	0	2,774
Total	**2,445**	**2,674**	**0**	**0**	**5,119**

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	1	0	0	1
Total	**0**	**1**	**0**	**0**	**1**

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	93	94	0	0	187
Automated Drug Delivery System (ADD(APD))	0	1	0	0	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	7	33	0	0	40
Clinics Government Owned (CLE)	23	15	0	0	38
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	16	23	0	0	39
Pharmacy Government Owned (PHE)	3	0	0	0	3
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	4	2	0	0	6
Sterile Compounding (LSC)	1	5	0	0	6
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	1	0	0	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	2	0	0	2
Third-Party Logistics Providers Nonresident (NPL)	8	4	0	0	12
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	13	8	0	0	21
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	11	10	0	0	21
Total	**183**	**199**	**0**	**0**	**382**

Site Temporary Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned -Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	1	2	0	0	3
Hospital Government Owned - Temp (HPE)	1	1	0	0	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy - Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	64	77	0	0	141
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	11	19	0	0	30
Sterile Compounding - Temp (LSC)	2	3	0	0	5
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	0	0	0	0	0
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0	2
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	1	0	0	4
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	6	3	0	0	9
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	5	3	0	0	8
Total	**96**	**111**	**0**	**0**	**207**

PENDING APPLICATIONS (Data reflects number of pending applications at the end of the quarter)

Individual Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	267	273	0	0
Designated Representatives Vet (EXV)	7	4	0	0
Designated Representatives-3PL (DRL)	118	107	0	0
Designated Representatives-Reverse Distributor (DRR)	2	1	0	0
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	269	102	0	0
Pharmacist (exam not eligible)	1,271	1,399	0	0
Pharmacist (exam eligible)	1,325	854	0	0
Advanced Practice Pharmacist (APH)	125	123	0	0
Pharmacy Technician (TCH)	2,463	2,011	0	0
Total	**5,847**	**4,874**	**0**	**0**

Temporary Individual Applications Pending (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	1	2	0	0
Total	**1**	**2**	**0**	**0**

Site Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	159	97	0	0
Automated Drug Delivery System (ADD(APD))	46	1	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0
Clinics (CLN)	172	168	0	0
Clinics Government Owned (CLE)	27	24	0	0
Drug Room (DRM)	1	1	0	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	7	10	0	0
Hospitals Government Owned (HPE)	1	2	0	0
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	13	14	0	0
Correctional Pharmacy (LCF)	1	1	0	0
Outsourcing Facility (OSF)	1	1	0	0
Outsourcing Facility Nonresident (NSF)	13	15	0	0
Pharmacy (PHY)	262	214	0	0
Pharmacy Government Owned (PHE)	6	9	0	0
Remote Dispensing Pharmacy (PHR)	5	4	0	0
Pharmacy Nonresident (NRP)	181	175	0	0
Sterile Compounding (LSC)	64	58	0	0
Sterile Compounding - Government Owned (LSE)	10	10	0	0
Sterile Compounding Nonresident (NSC)	16	18	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	6	6	0	0
Third-Party Logistics Providers Nonresident (NPL)	69	69	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0
Wholesalers (WLS)	71	71	0	0
Wholesalers Government Owned (WLE)	1	1	0	0
Wholesalers Nonresident (OSD)	161	167	0	0
Total	**1,296**	**1,138**	**0**	**0**

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	1	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	4	3	0	0
Hospital Government Owned - Temp (HPE)	1	2	0	0
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0
Pharmacy - Temp (PHY)	102	126	0	0
Pharmacy Government Owned - Temp (PHE)	2	2	0	0
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	21	28	0	0
Sterile Compounding - Temp (LSC)	6	4	0	0
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0
Sterile Compounding Nonresident - Temp (NSC)	2	0	0	0
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	3	0	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	6	5	0	0
Wholesaler Government Owned - Temp (WLE)	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	6	5	0	0
Total	**156**	**180**	**0**	**0**

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	0	0	0	0	0
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1	0	0	0	1
Pharmacist (exam applications)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	2	0	0	0	2
Total	**3**	**0**	**0**	**0**	**3**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	27	12	0	0	39
Automated Drug Delivery System (ADD(APD))	0	44	0	0	44
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	3	4	0	0	7
Clinics Government Owned (CLE)	0	2	0	0	2
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	1	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	5	22	0	0	27
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	12	21	0	0	33
Sterile Compounding (LSC)	2	6	0	0	8
Sterile Compounding - Government Owned (LSE)	2	0	0	0	2
Sterile Compounding Nonresident (NSC)	2	1	0	0	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	4	0	0	0	4
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	2	1	0	0	3
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	0	0	0	1
Total	**61**	**114**	**0**	**0**	**175**

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	1	2	0	0	3
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	1	0	0	1
Pharmacist (exam application)	0	0	0	0	0
Pharmacist (exam eligible)	0	1	0	0	1
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	5	9	0	0	14
Total	**6**	**13**	**0**	**0**	**19**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	1	2	0	0	3
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	0	0	0	0
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	0	0	0
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	**1**	**3**	**0**	**0**	**4**

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	405	424	0	0	829
Designated Representative Responded	115	67	0	0	182
Advanced Practice Pharmacist Received	227	189	0	0	416
Advanced Practice Pharmacist Responded	29	73	0	0	102
Pharmacist/Intern Received	2,216	1,501	0	0	3,717
Pharmacist/Intern Responded	2,216	1,501	0	0	3,717
Pharmacy Technician Received	2,721	1,851	0	0	4,572
Pharmacy Technician Responded	1,551	854	0	0	2,405
Pharmacy Received	2,297	2,073	0	0	4,370
Pharmacy Responded	1,837	1,269	0	0	3,106
Sterile Compounding/Outsourcing Received	647	720	0	0	1,367
Sterile Compounding/Outsourcing Responded	342	513	0	0	855
Wholesale/Hypodermic/3PL Received	811	468	0	0	1,279
Wholesale/Hypodermic/3PL Responded	549	592	0	0	1,141
Clinic Received	462	494	0	0	956
Clinic Responded	525	428	0	0	953
Automated Drug Delivery Systems Received	574	258	0	0	832
Automated Drug Delivery Systems Responded	440	174	0	0	614
Pharmacist-in-Charge Received	1,063	1,091	0	0	2,154
Pharmacist-in-Charge Responded	1,074	1,030	0	0	2,104
Change of Permit Received	598	577	0	0	1,175
Change of Permit Responded	502	481	0	0	983
Renewals Received	1,719	1,238	0	0	2,957
Renewals Responded	1,524	1,064	0	0	2,588

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	0	20	0	0	20
Advanced Practice Pharmacist	98	70	0	0	168
Pharmacist/Intern	1,787	742	0	0	2,529
Pharmacy	634	535	0	0	1,169
Sterile Compounding/Outsourcing	106	73	0	0	179
Wholesale/Hypodermic/3PL	112	102	0	0	214
Clinic	152	63	0	0	215
Automated Drug Delivery Systems	10	4	0	0	14
Pharmacist-in-Charge	384	164	0	0	548
Change of Permit	90	72	0	0	162
Renewals*	961	408	0	0	1,369
Reception*	21,879	9,471	0	0	31,350

* Q2 (Oct-Dec) the total number of phone calls for Renewals and Reception is not reported after 11/15/2023 as the Department is still working on a reporting tool to collect the data as a new phone system was implemented

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	476	489	0	0	965
Processed	502	450	0	0	952
Approved	444	496	0	0	940
Pending (Data reflects number of pending at the end of the quarter.)	295	291	0	0	295

Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	36	35	0	0	71
Processed	37	22	0	0	59
Approved	29	22	0	0	51
Pending (Data reflects number of pending at the end of the quarter.)	39	51	0	0	39

Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	13	8	0	0	21
Processed	10	8	0	0	18
Approved	10	7	0	0	17
Pending (Data reflects number of pending at the end of the quarter.)	12	14	0	0	12

Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	9	12	0	0	21
Processed	7	7	0	0	14
Approved	12	12	0	0	24
Pending (Data reflects number of pending at the end of the quarter.)	33	31	0	0	33

Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	645	655	0	0	1,300
Processed	908	977	0	0	1,885
Approved	513	1,532	0	0	2,045
Pending (Data reflects number of pending at the end of the quarter.)	3,497	2,446	0	0	3,497

Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	134	175	0	0	309
Processed	131	161	0	0	292
Approved	95	111	0	0	206
Pending (Data reflects number of pending at the end of the quarter.)	290	355	0	0	290

Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	29	18	0	0	47
Processed	46	23	0	0	69
Completed	41	23	0	0	64
Pending (Data reflects number of pending at the end of the quarter.)	17	16	0	0	17

Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	2,990	2,326	0	0	5,316
Off-site Storage	198	14	0	0	212
Transfer of Intern Hours	10	6	0	0	16
License Verification	135	127	0	0	262

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	28	17	0	0	45
Automated Drug Delivery System (ADD(APD))	0	3	0	0	3
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	2	1	0	0	3
Clinics Government Owned (CLE)	4	9	0	0	13
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	23	17	0	0	40
Pharmacy (PHY) Chain	35	70	0	0	105
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	6	10	0	0	16
Sterile Compounding (LSC)	9	9	0	0	18
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	2	1	0	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	6	1	0	0	7
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	6	7	0	0	13
Total	**123**	**146**	**0**	**0**	**269**

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	655	576	0	0	1,231
Designated Representatives Vet (EXV)	16	5	0	0	21
Designated Representatives-3PL (DRL)	111	90	0	0	201
Designated Representatives-Reverse Distributor (DRR)	0	5	0	0	5
Designated Paramedic (DPM)	1	1	0	0	2
Pharmacist (RPH)	6,374	5,809	0	0	12,183
Advanced Practice Pharmacist (APH)	144	142	0	0	286
Pharmacy Technician (TCH)	7,883	6,858	0	0	14,741
Total	**15,184**	**13,486**	**0**	**0**	**28,670**

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	192	637	0	0	829
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	4	0	0	0	4
Clinics (CLN)	419	281	0	0	700
Clinics Government Owned (CLE)	57	798	0	0	855
Drug Room (DRM)	3	5	0	0	8
Drug Room Government Owned (DRE)	1	8	0	0	9
Hospitals (HSP)	61	160	0	0	221
Hospitals Government Owned (HPE)	43	13	0	0	56
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	0	2
Hypodermic Needle and Syringes (HYP)	63	42	0	0	105
Correctional Pharmacy (LCF)	5	49	0	0	54
Outsourcing Facility (OSF)	1	1	0	0	2
Outsourcing Facility Nonresident (NSF)	2	4	0	0	6
Pharmacy (PHY)	1,153	2,065	0	0	3,218
Pharmacy Government Owned (PHE)	51	58	0	0	109
Remote Dispensing Pharmacy (PHR)	0	2	0	0	2
Pharmacy Nonresident (NRP)	125	124	0	0	249
Sterile Compounding (LSC)	143	263	0	0	406
Sterile Compounding Government Owned (LSE)	58	6	0	0	64
Sterile Compounding Nonresident (NSC)	8	14	0	0	22
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	13	4	0	0	17
Third-Party Logistics Providers Nonresident (NPL)	47	36	0	0	83
Veterinary Food-Animal Drug Retailer (VET)	2	3	0	0	5
Wholesalers (WLS)	125	81	0	0	206
Wholesalers Government Owned (WLE)	3	5	0	0	8
Wholesalers Nonresident (OSD)	212	158	0	0	370
Total	**2,797**	**4,819**	**0**	**0**	**7,616**

CURRENT LICENSES - Data reflects number of licenses at the end of the quarter.

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	2,829	2,823	0	0
Designated Representatives Vet (EXV)	55	58	0	0
Designated Representatives-3PL (DRL)	480	509	0	0
Designated Representatives-Reverse Distributor (DRR)	15	16	0	0
Designated Paramedic (DPM)	3	3	0	0
Intern Pharmacist (INT)	4,740	4,900	0	0
Pharmacist (RPH)	49,906	50,154	0	0
Advanced Practice Pharmacist (APH)	1,210	1,241	0	0
Pharmacy Technician (TCH)	65,218	65,803	0	0
Total	**124,456**	**125,507**	**0**	**0**

Temporary Individual Licenses (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	1	0	0
Total	**0**	**1**	**0**	**0**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,094	1,118	0	0
Automated Drug Delivery System (ADD(APD))	20	18	0	0
Automated Drug Delivery System EMS (ADE)	1	1	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	2	0	0
Centralized Hospital Packaging (CHP)	8	8	0	0
Clinics (CLN)	1,404	1,429	0	0
Clinics Government Owned (CLE)	938	944	0	0
Drug Room (DRM)	21	21	0	0
Drug Room Government Owned (DRE)	10	10	0	0
Hospitals (HSP)	399	399	0	0
Hospitals Government Owned (HPE)	77	78	0	0
Hospital Satellite Sterile Compounding (SCP)	4	4	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	4	4	0	0
Hypodermic Needle and Syringes (HYP)	237	231	0	0
Correctional Pharmacy (LCF)	57	56	0	0
Outsourcing Facility (OSF)	4	4	0	0
Outsourcing Facility Nonresident (NSF)	20	20	0	0
Pharmacy (PHY)	6,091	6,072	0	0
Pharmacy Government Owned (PHE)	144	144	0	0
Remote Dispensing Pharmacy (PHR)	2	3	0	0
Pharmacy Nonresident (NRP)	599	607	0	0
Sterile Compounding (LSC)	707	706	0	0
Sterile Compounding Government Owned (LSE)	103	104	0	0
Sterile Compounding Nonresident (NSC)	58	58	0	0
Surplus Medication Collection Distribution Intermediary (SME)	1	1	0	0
Third-Party Logistics Providers (TPL)	36	39	0	0
Third-Party Logistics Providers Nonresident (NPL)	140	143	0	0
Veterinary Food-Animal Drug Retailer (VET)	18	18	0	0
Wholesalers (WLS)	477	481	0	0
Wholesalers Government Owned (WLE)	10	10	0	0
Wholesalers Nonresident (OSD)	809	809	0	0
Total	**13,496**	**13,543**	**0**	**0**
Total Population of Licenses	**137,952**	**139,051**	**0**	**0**