



**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



## RETAKES - PHARMACIST EXAMINATION APPLICATION INSTRUCTIONS

In order to be licensed in California as a pharmacist, you must pass the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). To be made eligible to sit for the NAPLEX and/or CPJE, the California State Board of Pharmacy (Board) must determine that you have met all the requirements for examination. An applicant who fails either the NAPLEX or the CPJE may not retake that examination for at least 45 days.

### HOW LONG WILL IT TAKE TO PROCESS MY APPLICATION?

- Allow the Board 30 days to process your application.
- You will be notified in writing if your application is incomplete or you will receive notification of your eligibility by mail and email. To facilitate electronic communication, please provide an email address that you check regularly.
- Please do not contact the Board to check on the status of your application unless your application has been on file for over 45 days.
- If your check has cleared your bank, the Board has received your application.

The Board will mail your initial license application once you have completed all the requirements (passing both NAPLEX and CPJE).

### IMPORTANT NAME AND IDENTIFICATION INFORMATION

1. **Full Legal Name:** It is very important that you apply under your full legal name. The Board will make you eligible only under your full legal name of record with the Board (not aliases). Your name of record with the Board is the name you submit on your initial application (whether that is your pharmacy technician, intern pharmacist, or pharmacist examination for licensure application). If you have an intern pharmacist and/or pharmacy technician license, please verify your name of record with the Board prior to submitting your application by visiting the Board's Web site at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov) and select "Verify a License". If your full name listed on your identifications that you will present when you sit for the CPJE does NOT match your name of record with the Board, please submit a copy of your identifications with your application to update your name of record with the Board.
2. **Required Identifications to take the CPJE:** At the testing site, you will be required to present **TWO** of the identifications listed below. One of the identifications **MUST** contain a photo.
  - The two identifications that you choose to present at the testing site must match your full legal name of record with the Board IDENTICALLY letter for letter (this includes middle name vs. middle initial). You will NOT be allowed to sit for the CPJE if your full name does not match identically on both identifications presented at the testing site. Photocopies, temporary identifications, and expired identifications will NOT be accepted. Please check your required identifications NOW to ensure both identifications match letter for letter. If your identifications

do not match, the Board encourages you to make the necessary changes NOW to ensure you have sufficient time to receive the correct identifications.

**Required Identifications:** You must present **TWO** of the following identifications listed below at the testing site and **ONE** of the identifications **MUST** contain a photo. *You cannot present two of the same type of identification at the testing site.*

- US State, Commonwealth, or Territory issued driver's license or identification card (may only present one)
- US government issued passport book or card (may only present one)
- US social security card (cannot be laminated)
- US military-issued identification
- National identity card (English Only)

### WHAT MAKES AN APPLICATION COMPLETE

Please review 1-8 to ensure your application is complete before mailing it to the Board.

- If your application is not complete, you will receive a "Deficiency Notice" via email.
- You will not be made eligible to sit for the pharmacist examination(s) until the Board receives and approves the required item(s) identified in your deficiency notice. Failure to complete your application within one year from the date the Board received your application, may result in your application being considered abandoned and withdrawn.

- 1. APPLICATION FEE IS \$285:** Include a check or money order made payable to the California State Board of Pharmacy with your application. The application fee is non-refundable.
- 2. RETAKE APPLICATION: (17A-1A):** Complete the entire application. Check the appropriate box on the application indicating the examination(s) for which you are applying to retake. It is preferable to complete the application online, print, then sign (wet signature) and date the application. To facilitate electronic communication, please provide an email address that you check regularly.
- 3. U.S. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):** You are required to disclose your U.S. SSN or ITIN. It must be included on the application and on the Self-Query Report.
- 4. MILITARY EXPEDITE:** The Board will expedite review of an application that meets one of the following criteria (A or B).
  - A. Military Veteran:** Have you ever served as an active-duty member of the United States military and been honorably discharged?
    - ✓ Please attach a copy of your DD214 with your application.
  - B. Active-Duty Military Spouse or Domestic Partners:** (The application fee is waived for military spouse applicants who meet the requirements that follow.) If you are married to, or in a domestic partnership or other legal union with, an active-duty member of the United States military, who is assigned to a duty station in California under official active duty military orders and you hold a current license in another state, district, or territory of the United States in the profession for which you seek licensure, please provide the following:

- ✓ A copy of your current license in another state, district, or territory of the United States documenting the profession or vocation for which you seek licensure from the Board.
- ✓ A copy of the marriage certificate, certified declaration/registration of domestic partnership, or other evidence of legal union.
- ✓ A copy of your spouse or partner's military orders establishing duty station in California.

**5. REFUGEE EXPEDITE:** The Board will expedite the review of an application that meets one of the following criteria (A, B, or C). Please attach one of the items listed under acceptable documentation.

- A. You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- B. You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- C. You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

**ACCEPTABLE DOCUMENTATION**

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

**6. EXAMINATION SECURITY ACKNOWLEDGEMENT (17A-76):** This document **MUST** be signed and dated by the applicant within 60 days of filing the application and be submitted with the application.

**7. VERIFICATION OF LICENSE IN ANOTHER STATE:** If you have obtained additional licensure in another state since you submitted your initial pharmacist application to the Board as a pharmacist, intern pharmacist, pharmacy technician, designated representative, and/or other healthcare professional, you must request each state agency to verify your license by completing the required Verification of License in Another State form (17A-16).

**8. SELF-QUERY REPORT:** If it has been one year since you originally submitted a sealed, original Self-Query Report from the National Practitioner Data Bank (NPDB) to the Board with your initial pharmacist application, you are required to include a new sealed, original Self-Query Report with the Retake application. It must be dated within 60 days of filing the application.

- Self-Query Reports that have been opened will not be accepted.
- The name on your Self-Query Report must be **EXACTLY THE SAME** as the name on your application.
- Your U.S. social security number or ITIN must be listed on your Self-Query Report.

- To request a Self-Query Report, go to the NPDB's Web site at <http://www.npdb.hrsa.gov/> or the direct link is <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>
- NPDB's contact number (800) 767-6732 or TDD (703) 802-9395. Their Web site has a fact sheet and answers to frequently asked questions. The Board is not able to assist you with requesting the Self-Query Report. For help, contact the NPDB directly.
- You must pay the fee directly to NPDB.
- You must submit a new Self-Query Report even if one was submitted with a previous application.

**MAKE EXAMINATION ARRANGEMENTS:** Please follow the instructions below for each examination.

**CPJE:** Once the Board has made you eligible to sit for this examination, you may contact PSI to schedule. The Board will email you and mail your eligibility notice. Please allow up to two weeks for PSI to mail you a Candidate Information Bulletin. The Board encourages you to read the entire handbook for important information relating to the examination process. For information on CPJE dates and how to schedule for the examination, please visit the Board's website at <https://www.pharmacy.ca.gov/applicants/rph.shtml>.

The CPJE is administered by PSI. There is an administration fee that you will pay directly to PSI for the test administration services before you will be able to schedule your test date for the CPJE. DO NOT send this fee to the Board of Pharmacy.

Periodically, the Board performs quality assurance assessments of the CPJE. These assessments delay the release time of the CPJE results. If an assessment is underway, information will be posted on the Board's Web site at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov) informing applicants of the assessment and delay in receiving results. The Board makes every effort to complete the assessment as quickly as possible.

**NAPLEX:** The NAPLEX is the national pharmacist examination and you may take this examination with California as your primary state or with another state as your primary state. You may take the NAPLEX after you apply to your primary state and have been made eligible by that state.

Visit the National Association of Boards of Pharmacy (NABP) Web site at <http://www.nabp.pharmacy/> for information on how to register for the NAPLEX. Download the NAPLEX/MPJE Bulletin from the NABP Web site. You must register on-line and pay the NAPLEX fee DIRECTLY to the NABP.

**If California is your Primary State:**

The Board recommends you register with the NABP simultaneously when submitting this application to the Board or after the Board has made you eligible to take the pharmacist examination. If you choose to register for the NAPLEX after the Board has made you eligible for the examination, please allow at least two weeks for the Board to approve your eligibility with the NABP.

Once the Board has approved your eligibility with the NABP, the NABP will email you notification of your Authorization-To-Test (ATT) letter. 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 to prepare you for the NAPLEX.

**If another state is your Primary State:**

Licensure Transfer Application - If another state is your primary state for the NAPLEX and you are licensed in another state, you will need to request a licensure transfer application through the NABP. Please visit the NABP Web site at <http://www.nabp.pharmacy/> for the instructions on how to complete the licensure transfer application.

**OR**

Score Transfer – At the time of sitting for the NAPLEX or within 90 days of sitting for the NAPLEX, you can designate California as a score transfer state. If you sit for the NAPLEX and request a score transfer with the NABP after submitting your pharmacist examination for licensure application to the Board, please email the Board at [intern-examstatus@dca.ca.gov](mailto:intern-examstatus@dca.ca.gov) once the NABP has processed your score transfer request. The Board cannot retrieve your NAPLEX score until the NABP has processed your score transfer request. Please do not notify the Board of your score transfer until after your pharmacist examination for licensure application has been submitted to the Board.

**ADDITIONAL EXAMINATION INFORMATION**

- The NAPLEX and CPJE examinations are administered via computer.
- The CPJE approved test dates are available on the Board's website.
- Testing centers for both examinations are available nationwide and, in most cases, are open six days a week, excluding holidays.
- You may take the NAPLEX and CPJE in any order. You will have one year to sit for the examination(s) from the date of the Board's eligibility letter. Examination results for both exams will be mailed to you by the Board.
- The Board releases examination results only after validating that results are psychometrically sound pursuant to Business and Professions Code section 139.
- If you do not pass either examination, you will need to submit a Retake Application (17A-1A) to the Board. You will not be allowed to sit for either examination until it has been 45 days from the date of your last examination.
- If you do not pass the NAPLEX and California is designated as a score transfer state, you will need to submit a Retake Application (17A-1A) to the Board.
- The NAPLEX and CPJE are separate examinations. If you fail one examination 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 (17A-1A) to the Board. If you fail the CPJE, you must reapply with the Board by submitting a Retake Application (17A-1A) and paying the required CPJE fee.
- If it has been over one year since the Board has made you eligible to sit for the examination(s), you must submit a new pharmacist examination for licensure application (17A-1).

**REASONABLE ACCOMMODATIONS**

The Board provides qualified applicants with testing accommodations for the CPJE as described below. All requests for accommodation must be received 30 days before scheduling an examination. Please visit the NABP's website at <https://nabp.pharmacy> for information on reasonable accommodation for the NAPLEX.

The Board will not provide accommodations at the examination site without prior approval.

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. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent allowed by law.

Reasonable accommodations may be requested by submitting the [Request for Accommodation of Disabilities \(form 17A-78\)](#) located on the Board's website. Examination sites are physically accessible to individuals with disabilities.



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**RETAKE - PHARMACIST EXAMINATION FOR LICENSURE APPLICATION**

**This application is to retake: \_\_\_ NAPLEX only \_\_\_ CPJE only (\$285) \_\_\_ Both CPJE (\$285) and NAPLEX**  
*[Note: There is a \$285 fee (made payable to the Board of Pharmacy) for retaking the CPJE. There is no Board of Pharmacy fee to retake the NAPLEX.]*

Please read the application instructions before you complete the application. Failure to provide the required information may result in the application being considered incomplete. If necessary, attach additional sheets of paper. The applicant must sign and date the application. If your name on the required identifications, specified in the application instructions, do not match identically; the testing site will NOT allow you to sit for the CPJE.

\_\_\_ **Military** (Are you serving in the United States military?)  
 \_\_\_ **Veteran** (Have you ever served in the United States military?)

**MILITARY EXPEDITE** (Please check one of the following, if applicable)

\_\_\_ **Veteran** (Have you served as an active-duty member of the United States military and been honorably discharged?)  
 \_\_\_ **Active-Duty Military Spouse or Domestic Partner** (Are you married to, or in a domestic partnership or other legal union with, an active duty member of the United States military who is assigned to a duty station in California under official active duty military orders and do you hold a current license in another state, district, or territory of the United States in the profession for which you seek licensure?)

**REFUGEE EXPEDITE** (Please check one of the following, if applicable)

\_\_\_ Refugee pursuant to section 1157 of title 8 of the United States Code;  
 \_\_\_ Refugee granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of title 8 of the United States Code; or,  
 \_\_\_ Refugee with a special immigrant visa that has been granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8.

**Applicant Information** - Please Type or Print

Full Legal Name - Last Name      Suffix      First Name      Middle Name

Previous Names (AKA, Maiden Name, Alias, etc.)

\*Official Mailing/Public Address of Record – Street/PO Box      City      State      Zip Code

Residence Address - Street      City      State      Zip Code

Telephone Numbers - Home      Cell      Work

Driver's License Number      State      Email Address

Date of Birth (Month/Day/Year)      \*\*US Social Security Number or ITIN

**THIS SECTION IS FOR BOARD USE ONLY**

Enf. Check: ___ Exam Sec: ___ SQ: ___ Licensure Verification:	4xFailure: ___ Transcript: ___ School Code: ___	<b>EXAM HISTORY</b>			<b>CASHIERING ONLY</b>	
		Date	NAPLEX	CPJE	Receipt #:	
					Date Cashiered:	
					Amount:	

**License Information** If you have obtained additional licensure in another state since you submitted your initial pharmacist application to the board as a pharmacist, intern pharmacist, pharmacy technician, designated representative, and/or other healthcare professional, list those licenses below and submit a completed Verification of Licensure in Another State (form 17A-16) for each license.

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

**APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheets of paper if necessary)

**1. California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)**

- A. Have you ever applied for and not taken the CPJE?  
Yes \_\_\_ No \_\_\_ If Yes, provide the eligibility date(s): \_\_\_\_\_
- B. Have you previously taken the CPJE which was not graded or had exam results withheld on grounds of dishonest conduct during the examination?  
Yes \_\_\_ No \_\_\_ If Yes, provide the exam date(s): \_\_\_\_\_
- C. Have you ever been expelled from a California pharmacist examination?  
Yes \_\_\_ No \_\_\_ If Yes, provide the exam date: \_\_\_\_\_

**2. North American Pharmacist Licensure Examination (NAPLEX)**

- A. Have you failed the NAPLEX for this state or another state?  
Yes \_\_\_ No \_\_\_ If Yes, provide the exam date(s) and state(s): \_\_\_\_\_
- B. Have you passed the NAPLEX for this state or another state?  
Yes \_\_\_ No \_\_\_ If Yes, provide the exam date and primary state: \_\_\_\_\_
- C. If you took the NAPLEX with another state, identify which one of the following you requested through NABP.  
\_\_\_ Score Transfer  
\_\_\_ Licensure Transfer Application
- D. Have you ever applied for and not taken the NAPLEX?  
Yes \_\_\_ No \_\_\_ If Yes, provide eligibility date(s): \_\_\_\_\_
- E. Are you currently registered with the NABP to sit for the NAPLEX with California as your primary state?  
Yes \_\_\_ No \_\_\_ If No, the board strongly recommends that you register for the NAPLEX with the NABP at the time of submitting this pharmacist examination for licensure application to the board. If you do not, it may delay your eligibility.
- F. Are you currently registered with the NABP to sit for the NAPLEX with another state as your primary state?  
Yes \_\_\_ No \_\_\_ If Yes, list primary state: \_\_\_\_\_

Please note: You will need to contact the NABP to transfer your score to California. It is your responsibility to notify the board once the NABP has processed your score transfer request.



G. Have you previously taken the NAPLEX and the results were withheld?  
Yes \_\_\_ No \_\_\_ If Yes, provide the date and primary state: \_\_\_\_\_

H. Have you ever been expelled from the NAPLEX?  
Yes \_\_\_ No \_\_\_ If Yes, provide the date and primary state: \_\_\_\_\_

### 3. Ownership Information

A. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator, or medical director on a license to conduct a pharmacy, wholesaler, third-party logistics provider, or any other entity licensed in any state, territory, foreign country, or other jurisdiction?

Yes \_\_\_ No \_\_\_ If Yes, attach a statement of explanation including company name, type of license, license number, and identify the state, territory, foreign country, or other jurisdiction where licensed.

### 4. Disciplinary History

The following questions pertain to a license sought or held in any state, territory, foreign country, or other jurisdiction. For any affirmative answer, attach a statement of explanation including type of license, license number, type of action, date of action, and identify the state, territory, foreign country, or other jurisdiction.

A. Have you ever had an application for pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration denied?  
Yes \_\_\_ No \_\_\_

B. Have you ever had a pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?  
Yes \_\_\_ No \_\_\_

C. Have you ever had a pharmacy, wholesaler, third-party logistics provider, and/or any other entity license denied, suspended, revoked, placed on probation, or had other disciplinary action taken against a license you hold?  
Yes \_\_\_ No \_\_\_

### 5. Practice Impairment or Limitation

The board makes an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the board is unable to make a determination based on the information provided, the board may require an applicant to be examined by one or more physicians or psychologists, at the board's cost, to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant.

A. Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?  
Yes \_\_\_ No \_\_\_ If Yes, attach a statement of explanation.

- B. Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, attach a statement of explanation.
- C. Do you have any other condition that may in any way impair or limit your ability to practice safely?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, attach a statement of explanation.
- D. Have you ever participated in, been enrolled in, or required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, attach a statement of explanation.
- E. If you answered “Yes” to questions listed under 5 (A through D) above, have you ever received treatment or participated in any program that improves your ability to practice safely?  
Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ If Yes, attach a statement of explanation.

#### **APPLICANT AFFIDAVIT**

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

**Collection and Use of Personal Information.** The California State Board of Pharmacy of the Department of Consumer Affairs collects the personal information requested on this form pursuant to Business and Professions Code sections 30 and 4000 and following and California Code of Regulations title 16, division 17. The California State Board of Pharmacy uses this information principally to identify and evaluate applicants for licensure, issue, and renew licenses, and enforce licensing standards set by law and regulation.

**Access to Personal Information.** You may review the records maintained by the California State Board of Pharmacy that contain your personal information, as permitted by the Information Practices Act. The official responsible for maintaining records is the Executive Officer at the board’s address listed on the application. Each individual has the right to review the files or records maintained by the board, unless confidential and exempt by law.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code section 6250 and following), as allowed by the Information Practices Act (Civil Code section 1798 and following);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**\*Address of Record:** Once you are licensed with the board, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 and following) and the Public Records Act (Government Code section 6250 and following) and will be available on the Internet. This is where the board will mail all official correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the board, in which case your residence will not be available to the public.

**\*\*Disclosure of your U.S. social security number or Individual Taxpayer Identification Number (ITIN) is mandatory.** Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number or individual taxpayer

identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity, which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or individual taxpayer identification number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**NOTICE:** The State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if your state tax obligation is not paid.

**MANDATORY REPORTER**

Under California law, each person licensed by the California State Board of Pharmacy is a “mandated reporter” for both child and elder abuse or neglect laws. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) [generally law enforcement, state, and/or county adult protective services agencies, etc.] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder, and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect. The mandated reporter must contact by telephone immediately or as soon as possible to make a report to the appropriate agency(ies) or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of the laws above is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine. For further details about these requirements, refer to Penal Code section 11164 and Welfare and Institutions Code section 15630 and following sections.

**APPLICANT AFFIDAVIT**  
**(must be signed and dated by the applicant)**

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

applicant whose signature appears below. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements. I understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

\_\_\_\_\_  
Original Signature of Applicant  
(please sign and date within 60 days of board receipt of the application)

\_\_\_\_\_  
Date



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**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

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

\_\_\_\_\_  
 Date



**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



**VERIFICATION OF LICENSE IN ANOTHER STATE**

This form must be completed by the licensing agency in each state you hold or held an individual license (e.g. pharmacist, intern pharmacist, pharmacy technician, designated representative, and/or another healthcare professional license) even if the license is no longer current or active. Please return the original state-verified form with your application for each license type. Photocopies or faxes will not be accepted.

Intern hours and licensure earned in another state may be certified by the licensing agency in each state you earned your intern hours or license on this form.

The licensee listed on this form has applied for a license in California. Before further consideration is given to this application, the California State Board of Pharmacy 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.

**Completed by Licensee** \_\_\_\_\_  
 Licensee's Full Name License Number

**Completed by the State Licensing Board or Agency Verifying Licensure**

Licensure Verification Provided by the State of	License Type and License Number	Issued Date	Expiration Date	Intern Hours Earned in this State under this Intern License

License Status (Please check one) – Active \_\_\_\_\_ Inactive \_\_\_\_\_ Other \_\_\_\_\_ If other, please explain \_\_\_\_\_

Has this agency taken any disciplinary action against this license? Yes \_\_\_\_\_ No \_\_\_\_\_

If disciplinary action has been taken against this licensee, please directly provide this office with the accusation/proposed charges and decision/final order regarding the action.

I hereby certify the information listed above is true and correct.

\_\_\_\_\_  
 Printed Name

Board Seal

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title Date