



LICENSING COMMITTEE REPORT
January 19, 2022

Debbie Veale, Licensee Member, Chairperson
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member

- I. **Call to Order and Establishment of Quorum**
- II. **Public Comment for Items Not on the Agenda, Matters for Future Meetings**

*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a).)

- III. **Approval of the October 20, 2021, Licensing Committee Meeting Minutes**

Attachment 1 includes the draft minutes from the October 20 14, 2021, meeting.

- IV. **Discussion and Consideration of Business and Professions Code Section 4071.1 Board's Waiver to Facilitate Provisions for Remote Processing and Consideration of Possible Changes in the Law to Establish Permanent Authority Under Specified Conditions**

Relevant Law

[BPC 4036](#) provides the definition of a pharmacy. As included in the provision, the holder of an unexpired and active pharmacist license is entitled to practice pharmacy as defined, within or outside of a licensed pharmacist **as authorized by this chapter**.

[BPC section 4038](#) specifies that pharmacy technicians are wholly and exclusively permitted to practice only within a licensed pharmacy.

[BPC section 4115](#) specifies that 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.

[BPC 4023.5](#) defines "direct supervision and control" to require that a pharmacist is on the premises at all times and is fully aware of all activities performed by either a pharmacy technician or intern pharmacist.

[BPC section 4071.1](#) establishes the authority for a prescriber authorized agent or a pharmacist to electronically enter a prescription or an order into a pharmacy's or hospital's computer from any location outside of the pharmacy or hospital with the permission of the pharmacy or the hospital, under specified conditions. Included in this provision is an explicit prohibition on such authority for controlled substances. Further, this section does not permit a pharmacist to perform other steps in the dispensing process, nor does it allow other pharmacy staff to perform functions remotely.

Remote Processing Waiver

For the purposes of this waiver, "remote processing" means the entering of an order or prescription into a computer from outside of the pharmacy or hospital for a licensed pharmacy as defined in Business and Professions Code (BPC) sections 4029 and 4037.

In addition to the provisions of BPC section 4071.1(a), pharmacists performing remote processing may also receive, interpret, evaluate, clarify, and approve medication orders and prescriptions, including medication orders and prescriptions for controlled substances classified in Schedule II, III, IV or V. Under this waiver, remote processing may also include order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, and authorizing release of medication for administration. The waiver does not include the dispensing of a drug or final product verification by remote processing.

Further, this waiver expands the provisions of BPC section 4071.1(a) to allow for remote processing by pharmacy technicians and pharmacy interns to include nondiscretionary tasks, including prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders for which supervision by a pharmacist is provided using remote supervision via technology that, at a minimum, ensures a pharmacist is (1) readily available to answer questions of a pharmacy intern or pharmacy technician; and (2) verify the work performed by the pharmacy intern or pharmacy technician.

Background

In response to the COVID-19 pandemic and the early need to promote physical distancing, the Board approved the expanded use of remote processing to facilitate physical distancing while balancing continuity of patient care. As the pandemic has evolved, the waiver was used on both a broad basis and site-specific based on the dynamic conditions at the time. Most recently the Board voted to extend the [broad waiver](#) through either December 31, 2021, or 30 days after the declared emergency is lifted, whichever is later.

During the October 2021 Committee meeting, began its discussion to evaluate what, if any, changes to the law are appropriate to allow for some form of remote processing or other work on a permanent basis.

During the meeting members considered several policy questions. Members appeared to reach consensus on several items including:

1. Review of the issue must be thorough and focused on improved patient care.
2. Remote processing allows for flexibility for pharmacy staff.
3. If expansion of remote processing is approved, the PIC should be delegated with explicit authority to make the decision about the of remote processing.
4. Provisions for remote processing should be limited to California pharmacies.
5. HIPAA breaches should be reported to the Board.

The Committee also considered if notification to the Board should be required if a pharmacy is allowing remote processing as well is remote processing should be limited to when the pharmacy is open.

The Committee also requested information on what the law provided currently. Provided below is a summary chart.

Pharmacist Authority	Current Law	Waiver
Order Entry – Noncontrolled substance	Yes	Yes
Order Entry – Controlled Substance	No	Yes
Product Verification	No	No

Note: Neither existing law nor provisions of the waiver allow for storage of records at a remote location.

Pharmacist Technician Authority	Current Law	Waiver
Order Entry – Noncontrolled substance	No	Yes
Order Entry – Controlled Substance	No	Yes

Note: Neither existing law nor provisions of the waiver allow for storage of records at a remote location or other duties to be performed remotely unless expressly authorized by pharmacy law or the waiver.

Members also requested information on the requirements for notification of a HIPAA breach. The HIPAA Breach notification rule 5 CFR §§ 164.400-414, requires HIPAA-covered entities and their business associates to provide notification following a breach of unsecured protected health information. Similar breach notification provisions implemented and enforced by the [Federal Trade Commission \(FTC\)](#), apply to vendors of personal health records and their third party service providers, pursuant to section 13407 of the HITECH Act.

The Department of Health and Human Services (HHS) provides information on the definition of a breach, which is generally an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected information.

Information from HHS specifies that, following a breach of unsecured protected health information, covered entities must provide notification of the breach to affected individuals, the Secretary, and, in certain circumstances, to the media.

Covered entities must provide individual notices to affected individuals following the discovery of a breach of unsecured protected health information.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to continue their discussion of the issue.

V. Discussion and Consideration of Requirements to Serve as a Pharmacist-In-Charge

Relevant Law

There are numerous provisions within Pharmacy Law and its regulations establishing requirements for a pharmacist-in-charge (PIC), including the roles and responsibilities, etc. Two primary sections include:

1. [BPC section 4036.5](#) defines a “pharmacist-in-charge” as a pharmacist proposed by a pharmacy and approved by the board as the supervisor or manager responsible for ensuring the pharmacy’s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.
2. [BPC section 4113](#) provides in part that every pharmacy shall designate a PIC. Further, the pharmacy is responsible for compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

In addition to relevant sections of law, the Board also designated a precedential decision ([Sternberg v. California State Board of Pharmacy \(2015\) 239 Cal.App.4th 1159 California Court of Appeal, Second District, Division Eight, Case No. B255865](#)) that confirmed that a pharmacist-in-charge of a pharmacy could be disciplined for a pharmacy’s violation of Section 4081 resulting from a pharmacy technician’s theft of controlled substances without the pharmacist having actual knowledge of, or authorizing, the violations.

Background

During its recent strategic planning session, the Board established a strategic objective to determine if the application requirements for a PIC are appropriate to ensure sufficient knowledge, skills and abilities for individuals seeking to serve as a PIC.

It is not uncommon for investigations to substantiate violations where a pharmacist may be designated as a PIC in name only or the designated PIC fails to exercise appropriate oversight of the operations. Although the egregiousness of the violations varies there are many

instances where such an individual pharmacist ultimately is disciplined including losing their pharmacist license through the administrative process.

During its last meeting members initiated an assessment of the issue and considered several policy questions. Members ultimately reached agreement that the Board should develop a training program for proposed PICs as well as require an attestation by a proposed PIC.

For Committee Consideration and Discussion

Subsequent to the last meeting, staff have developed the following attestation, that could be used to ensure that a proposed PIC has an understanding of the requirements of the law and the nature of the PIC's responsibility:

I certify under penalty of perjury under the laws of the State of California that I understand and accept the responsibility for the above referenced pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy as required in Business and Professions Code section 4113(c). Further, I understand it is unlawful for any pharmacy owner to commit any act that would subvert or tend to subvert the efforts of me as the pharmacist-in-charge to comply with the laws governing the operation of the pharmacy as provided in Business and Professions Code section 4330(b).

Board staff believe this attestation could be incorporated into the current [PIC application](#).

Further, staff recommend that the following components be included in a training program.

1. Legal requirements for a PIC and the Sternberg decision.
2. Legal requirements and overview of the self-assessment process.
3. Information on how to prepare for an inspection.
4. Legal prohibition for a pharmacy owner to subvert or tend to subvert the efforts of a PIC to comply with the laws governing the operation of a pharmacy.
5. Top violations that result in the issuance of a citation and fine.

Staff believe that this training program could be implement through a webinar.

During the meeting members will have the opportunity to discuss the draft attestation and basic framework for a training course. As part of the discussion is may be appropriate for the committee to determine if completion of the training program should be a one-time training or should be required prior to any appointment to a PIC position. Should members agree that either the attestation and/or proposed training program are appropriate, staff believe change in Board regulation would be necessary. Proposed language is provided in **Attachment 2**.

Should the committee believe the language as presented is appropriate, the following motion could be used to recommend initiation of the rulemaking process to the Board.

Recommend initiation of a rulemaking to amend CCR section 1709.1 based on the policy discussions. Authorize the chair and executive officer to further refine the language consistent with the policy discussions as may be required by control agencies (DCA or Agency). Additionally, authorize the executive officer to make any non-substantive changes prior to initiation of the rulemaking. Further, if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at section 1709.1 as noticed for public comment.

VI. Discussion and Consideration of Renewal Process for Pharmacists and Possible Changes to Consolidate all CE requirements or training requirements into one place

Relevant Law

BPC section 4231 generally establishes the requirements for a pharmacy to successfully complete 30 hours of approved courses of continuing pharmacy education during the two years preceding the application for renewal as specified.

BPC section 4052.3 (b) provides authority for a pharmacist to furnish emergency contraception drug therapy under specified conditions. Further this section provides that prior to performing such furnishing such therapy, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.

BPC section 4052.8 provides authority for a pharmacist to independently initiate and administer an immunization under specified conditions, including completing a training program endorsed by the CDC or ACPE. CCR section 1746.4 further provides that a pharmacist must complete one hour of continuing education focused on immunizations and vaccines from an approved provider once every two years.

BPC section 4052.9 provides authority for a pharmacist to furnish nicotine replace products under specified conditions, including that a pharmacist completes one hour of continuing education focused on smoking cessation therapy biennially.

BPC section 4052 (a)(10) provides authority for pharmacists to furnish medications not requiring diagnosis for individuals traveling outside of the US under specified conditions. CCR section 1746.5 further details the requirements which include that a pharmacist must complete two hours of ongoing continuing education focused on travel medicine, as specified.

BPC section 4232.5 provides that a pharmacist who prescribes controlled substances, must have completed an education course on the risks of addiction associated with the use of Schedule II drugs.

Background

As part of the Board's discussion on implementation of provisions of Assembly Bill 1533, it was recommended that the Licensing Committee consider updating the renewal requirements to consolidate the various CE requirements in one place

For Committee Consideration and Discussion

During the meeting members will have the opportunity to review proposed amendment to CCR section 1732.5, Renewal Requirements for Pharmacists. As part of its discussion, it may be appropriate for the Committee to determine the appropriate number of hours for a course on the risks of addiction as required in BPC 4232.5.

Should the committee believe the language as presented is appropriate, the following motion could be used to recommend initiation of the rulemaking process to the Board.

Recommend initiation of a rulemaking to amend CCR section 1732.5 as presented. Authorize the chair and executive officer to further refine the language consistent with the policy discussions as may be required by control agencies (DCA or Agency). Additionally, authorize the executive officer to make any non-substantive changes prior to initiation of the rulemaking. Further, if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at section 1732.5 as noticed for public comment.

Attachment 3 includes a copy of the proposed language.

VII. Discussion and Consideration of CCR Section 1730.1 Related to Application Requirements for Advanced Practice Pharmacist Licensure Including Possible Amendments

Relevant Law

BPC section 4210 establishes the requirements for a person seeking recognition as an advanced practice pharmacist. CCR section 1730.1 further defines the requirements described in section 4210.

Background

Assembly Bill 1533 amended Section 4210 to alter the application requirements for advanced practice pharmacist recognition to allow for qualification under a single pathway, if that pathway includes completion of a second criterion. This clarifies the requirements and eliminates the current confusing language.

It appears appropriate to make conforming changes to the regulation section to avoid conflicts between the statute and regulation and ensure clear implementation of the policy goal achieved in AB 1533.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to review proposed amendments to CCR section 1730.1, Application Requirements for Advanced Practice Pharmacist Licensure.

Should the committee believe the language as presented is appropriate, the following motion could be used to recommend initiation of the rulemaking process to the Board.

Recommend initiation of a rulemaking to amend CCR section 1730.1 as presented. Authorize the chair and executive officer to further refine the language consistent with the policy discussions as may be required by control agencies (DCA or Agency). Additionally, authorize the executive officer to make any non-substantive changes prior to initiation of the rulemaking. Further, if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at section 1730.1 as noticed for public comment..

Attachment 4 includes a copy of the proposed language.

VIII. Review and Discussion of Licensing Statistics

The quarterly licensing statistics for the first quarter of fiscal year 2021/2022 are provided in **Attachment 5**.

As of December 31, 2021, the Board has received 7,485 initial applications, including:

- 1,241 intern pharmacists
- 1,533 pharmacist exam applications (400 new, 1,133 retake)
- 65 advanced practice pharmacists
- 2,488 pharmacy technicians
- 228 community pharmacy license applications (223 PHY(85 chain, 138 nonchain), 4 PHE, 1 PHR)
- 39 sterile compounding pharmacy license applications (36 LSC, 3 LSE, 0 SCP, 0 SCE)
- 71 nonresident pharmacy license applications
- 21 hospital pharmacy license applications

As of December 31, 2021, the Board has received 344 requests for temporary site license applications, including:

- 194 community pharmacy license applications

- 27 sterile compounding pharmacy license applications
- 53 nonresident pharmacy license applications
- 21 hospital pharmacy license applications

As of December 31, 2021, the Board has issued 5,962 individual licenses, including:

- 1,237 intern pharmacists
- 1,296 pharmacists
- 97 advanced practice pharmacists
- 3,150 pharmacy technicians

As of December 31, 2021, the Board has issued 188 site licenses without temporary license requests, including:

- 93 automated drug delivery systems (79 AUD, 14 APD)
- 47 community pharmacies
- 3 hospital pharmacies

As of December 31, 2021, the Board has issued 212 temporary site licenses, including:

- 95 community pharmacies
- 22 hospital pharmacies

Processing Times

Premises Application Types	Application Processing Times as of 10/8/2021	Application Processing Times as of 1/7/2022	Deficiency Mail Processing Times as of 10/8/2021	Deficiency Mail Processing Times as of 1/7/2022
Pharmacy	88	162	115	206
Nonresident Pharmacy	113	165	115	200
Sterile Compounding	67	151	79	169
Nonresident Sterile Compounding	0	50	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	Current	39	92	184
Hospital Satellite Compounding Pharmacy	Current	Current	77	169
Hospital	77	81	78	46
Clinic	28	35	10	84
Wholesaler	29	35	14	106
Nonresident Wholesaler	28	100	18	110
Third-Party Logistics Provider	Current	Current	Current	Current

Premises Application Types	Application Processing Times as of 10/8/2021	Application Processing Times as of 1/7/2022	Deficiency Mail Processing Times as of 10/8/2021	Deficiency Mail Processing Times as of 1/7/2022
Nonresident Third-Party Logistics Provider	23	65	17	109
Automated Drug Delivery System	Current	8	Current	Current
Automated Patient Dispensing System	Current	15	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 10/8/2021	Application Processing Times as of 1/7/2022	Deficiency Mail Processing Times as of 10/8/2021	Deficiency Mail Processing Times as of 1/7/2022
Exam Pharmacist	31	4	23	5
Pharmacist Initial Licensure	1	Current	n/a	n/a
Advanced Practice Pharmacist	Current	Current	Current	15
Intern Pharmacist	31	25	2	4
Pharmacy Technician	24	7	1	4
Designated Representative	31	56	15	15
Designated Representatives-3PL	31	31	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

VIII. Future Committee Meeting Dates

- **April 19, 2022**
- **July 18, 2022**
- **October 18, 2022**

IX. Adjournment

Attachment 1



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



**California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Licensing Committee Meeting Minutes**

Date: October 20, 2021

Location: Teleconference Public Licensing Committee
Meeting Note: Pursuant to the provisions
Government Code section 11133, neither a public
location nor teleconference locations are
provided.

Board Members

Present: Debbie Veale, Licensee Member, Chair
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member

Staff Present: Anne Sodergren, Executive Officer
Eileen Smiley, DCA Staff Counsel
Sheila Tatayon, DCA Staff Counsel

I. Call to Order, Establishment of Quorum, and General Announcements

The meeting was called to order at approximately 1:01 p.m. As part of the opening announcements, Chairperson Veale reminded everyone that the meeting was being conducted consistent with the provisions of Government Code section 11133.

Provisions for providing public comment throughout the meeting were reviewed.

Roll call was taken. Members present: Cheryl Butler, Seung Oh, Jignesh Patel, Jason Weisz, Debbie Veale. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided with an opportunity to provide public comment; however, no comments were provided.

III. Approval of the July 14, 2021 Licensing Committee Meeting Minutes

Members were provided the opportunity to provide comments on the draft minutes; however, none were provided.

Motion: Approve the July 14, 2021 Licensing Committee meeting minutes.

M/S: Oh/Patel

Members of the public were provided the opportunity to provide public comments; however, none were provided.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support

IV. Discussion and Consideration of Business and Professions Code section 4071.1, Board's Waiver to Facilitate Provisions for Remote Processing and Consideration of Possible Changes to Statute or Regulation to Establish Authority Under Specified Conditions.

Chairperson Veale reviewed the relevant provisions of the law noting that Business and Professions Code (BPC) section 4071.1 establishes the authority for a pharmacy to electronically enter a prescription or an order into a pharmacy's or hospital's computer from any location outside of the pharmacy or hospital with permission, under specified conditions. Included in these provisions is an explicit prohibition on such authority for controlled substances. Further, this section does not permit pharmacist to perform other steps in the dispensing process, nor does it allow other pharmacy staff to perform functions remotely.

Ms. Veale also noted that BPC section 4038 specifies that pharmacy technicians are wholly and exclusively permitted to practice only within a licensed pharmacy and reminded members that BPC section 4115 specifies that 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.

Also, Chairperson Veale highlighted the provisions of BPC section 4023.5 defines "direct supervision and control" to require that a pharmacist is on the premises at all times and is fully aware of all activities performed by either a pharmacy technician or intern pharmacist.

Chairperson Veale also reviewed the Board's current remote processing waiver stated that the Board's waiver provides that for the purposes of this waiver, "remote processing" means the entering of an order or prescription into a computer from outside of the pharmacy or hospital for a licensed pharmacy as defined in BPC sections 4029 and 4037.

In addition, the current waiver provisions of BPC section 4071.1(a), also provide pharmacists performing remote processing may also receive, interpret, evaluate, clarify, and approve medication orders and prescriptions, including medication orders and prescriptions for controlled substances classified in Schedule II, III, IV or V. Under this waiver, remote processing may also include order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, and authorizing release of medication for administration. The waiver does not include the dispensing of a drug or final product verification by remote processing.

Ms. Veale also reminded members that the Board's waiver further expands the provisions of BPC section 4071.1(a) to allow for remote processing by pharmacy technicians and pharmacy interns to include nondiscretionary tasks, including prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders for which supervision by a pharmacist is provided using remote supervision via technology that, at a minimum, ensures a pharmacist is (1) readily available to answer questions of a pharmacy intern or pharmacy technician; and (2) verify the work performed by the pharmacy intern or pharmacy technician.

Ms. Veale advised members that the waiver was approved in response to the COVID-19 pandemic and the early need to promote physical distancing, the Board approved the expanded use of remote processing to facilitate physical distancing while balancing continuity of patient care. As the pandemic has evolved, the waiver was used on both a broad basis and site-specific based on the dynamic conditions at the time. Most recently the Board voted to extend the broad waiver through either December 31, 2021, or 30 days after the declared emergency is lifted, whichever is later.

Ms. Veale noted that it appears appropriate to evaluate the issue and determine what if any actions are appropriate to allow for some form of remote processing or other work on a permanent basis.

Members were provided with a review of the approach taken in Virginia. Ms. Veale reviewed the provisions allowed for pharmacists under Virginia law which was also displayed on the meeting slide. Ms. Veale also reviewed the provisions that a pharmacy must comply with under Virginia law including requirements for policies and procedures and records requirements.

Ms. Veale provided members with an opportunity to comment of the Virginia provisions. Member Butler asked about the staff identified concerns with billing fraud. Ms. Butler noted that she does not believe that there is a need to make the waiver permanent.

Member Oh noted that the Committee needs to separate out what is convenient versus what is safe for consumers. Member Oh indicated that this is a complex issue and noted concerns, suggesting that a very detailed approach is necessary.

The Committee considered several policy questions.

1. Should the Board at this time consider changes in the law to allow for Remote Processing by Pharmacist, Pharmacy Techs and Pharmacy Interns?

Member Oh emphasized that the Committee needs to ensure patients are safe and indicated that review must be very detailed.

Chairperson Veale noted that if the Committee determines it appropriate to move forward, it will occur over multiple meetings and noted that remote processing may be of benefit to consumers.

2. Does remote processing provide improved care for the consumers?

Member Patel noted that consumers could benefit from the provisions noting more health care professionals could work because of resolved child care issues, could allow for completion of additional pharmacy services that could alleviate some pressures in the pharmacy, and could result in improved patient care services because staff would be more available to provide onsite services with the redirection. Member Patel spoke in support of the Committee moving forward on its assessment of the issue and noted the benefit also in response to emergencies.

Member Oh asked if there is objective data on whether it has resulted in improved patient care and if there are any studies available.

Member Weisz requested how long the Virginia law has been in effect and was advised that it appeared the provisions became effective in 2005.

Members of the public were provided with the opportunity to provide public comment about whether the Committee should move forward and what the benefits to consumers would be.

Mark Johnston, CVS Health, stated that 45 states have allowed technicians to work from home under the pandemic. He noted that if the technician is removed from pharmacy they cannot divert. In terms of consumer protections, performing these tasks away from the pharmacy allows for the completion of such tasks free from distraction. Mr. Johnston offered to provide studies in the area.

Paige Talley, California Council for the Advancement of Pharmacy, indicated support for how remote processing is a benefit to consumers.

John Gray, Kaiser, supports the Committee's examination of the issue. Dr. Gray noted that the Board's waiver has allowed pharmacies to be innovative in how it provides care. Dr. Gray noted that they have not identified any quality issues with prescription processing performed remotely. Dr. Gray suggested that the Board use its current waiver. Dr. Gray indicated that benefits include improved flexibility to respond to patient needs, for example through the transition to mail order pharmacies at the patient's choice.

Steven Gray noted that remote processing has existed since 2000. Dr. Gray noted order entry allowed under 4071.1 and stated that the issue should be carefully considered.

Lori Hensic, Scripts Health, spoke in support of prior comments about the benefits to consumers. Their organization supports the transition to remote processing noting that the waiver is allowing pharmacists to focus on more clinical tasks at onsite services with the other functions being performed offsite. Commenter Hensic also suggested that the current waiver would be an appropriate framework

Following public comment, Chairperson Veale stated support for the Committee to continue to consider the issue.

3. What functions in the waiver appear appropriate to be performed, and by who?

Chairperson Veale reviewed the provisions of the current waiver and solicited feedback on the waiver. Member Weisz inquired if the Board has received any complaints and was advised that staff are not aware of complaints received specific to the use of the waiver. Member Oh similarly indicated if any complaints have been received specific to the waiver. Member Butler noted that the current framework appears good, but also requested additional information about complaints received.

4. If either the current waiver or other provisions are made permanent, should the pharmacist-in-charge be explicitly authorized to make the determination if staff are allowed to perform the remote functions? Should remote functions be limited to electronic prescriptions only?

Members spoke in support of the PIC being delegated with the explicit authority to make the decision about staff provisions to perform the remote functions.

Members of the public were also provided with the opportunity to comment on the policy question.

Bob Stein, KGI, provided comments and indicated they did not understand how a pharmacy working remotely would be able to perform the functions remotely unless the prescription is electronic.

Daniel Robinson indicated that according to the American Medical Association website, it has written letters to CMS recommending that all waivers be sunsetted at the end of the declared disaster. Dr. Robinson spoke in support of the gains made.

Dr. John Gray supported the direction of the discussion noting that Kaiser strongly supports considering provisions for pharmacists, pharmacy technicians and pharmacist interns. Further if provisions are allowed for a pharmacy technician, it requested that the Board resolved the issue of a pharmacy technician only working in a pharmacy.

Other public comments expressed concern about potentially limiting provisions to only electronic prescriptions.

Meeting recessed from 2:26 to 2:36. Roll call taken. Members present included Members Butler, Oh, Patel, Weisz and Veale.

Chairperson Veale recommended that the committee focus on a few questions while postponing the discussion in some areas to allow for addition collection.

5. What conditions should exist?
 - a. Appropriate to note in recent years, the Board has conducted investigations, including cases allowing offshoring of the services to countries such as India.
 - b. Should notification to the Board of such practices be required?
 - c. Should any proposal include mandatory notification of any HIPAA breaches.
 - d. Should remote functions be limited to only when the pharmacy is open?

The Committee also considered several other policy questions including if the waiver should expand beyond California licensed pharmacies.

Member Butler noted agreement that the provisions should be limited to California pharmacies, that notification to the Board should be required, and that HIPAA breaches need to be reported. Member Butler indicated an openness to allowing remote processing even when the pharmacy is closed.

President Oh expressed concern about offshoring and wanting to dissect the situation requesting that legal counsel provide what is currently authorized under the law and if the waiver is actually restricting practice. Member Oh commented that remote processing must be done in California.

Member Patel also noted that provision should be limited to California. Member Patel also spoke in support of allowing the remote work to be performed when the pharmacy is closed. Member Patel expressed concern about a requirement to provide notification to the Board.

Member Weisz noted that more data is needed to discuss some of the questions. Member Weisz spoke in support of the work being conducted in California, notification to the Board should be required as well as notification on HIPAA breaches. Further Member Weisz indicated remote functions do not need to be limited to when the pharmacy is open.

Members of the public were provided an opportunity to provide public comment.

Comments included that if notification to the Board is required, the Board should make the notification as easy as possible, e.g., similar to the online notification to change an address and that if notification of HIPAA breaches is required, the Board should could work off of existing law.

Comments also spoke in opposition to allowing offshoring; however, indicated that prohibiting remote processing outside of California could impede current practice.

The Committee considered what elements should be included in a notification. Member Oh stated a preference for more robust notification.

The Committee noted it would resume its discussion at the next meeting.

V. Discussion and Consideration of Requirements to Serve as a Pharmacist-in-Charge

Chairperson Veale highlighted the provisions of relevant law including that BPC section 4036.5 defines a “pharmacist-in-charge” as a pharmacist proposed by a pharmacy and approved by the Board as the supervisor or manager responsible for ensuring the pharmacy’s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy. Further Ms. Veale noted that BPC section 4113 provides in part that every pharmacy shall designate a PIC. Further, the PIC is responsible for compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

Chairperson Veale also referenced the Board also a precedential decision ([Sternberg v. California State Board of Pharmacy \(2015\) 239 Cal.App.4th 1159 California Court of Appeal, Second District, Division Eight, Case No. B255865](#)) that confirmed that a pharmacist-in-charge of a pharmacy could be disciplined for a pharmacy’s violation of Section 4081 resulting from a pharmacy technician’s theft of controlled substances without having actual knowledge of, or authorizing, the violations.

Ms. Veale reminded members that during its recent strategic planning session, the Board established a strategic objective to determine if application requirements for a PIC are appropriate to ensure sufficient knowledge, skills and abilities for individuals seeking to serve as a PIC.

Chair Veale commented that It is not uncommon for investigations to substantiate violations where a pharmacist may be designated as a PIC in name only, or the designated PIC fails to exercise appropriate oversight of the operations. Although the egregiousness of the violations varies there are many instances where such an individual pharmacist ultimately is disciplined including losing their pharmacist license through the administrative process.

The Committee considered several questions as part of its discussion including:

1. Are there fundamental knowledge, skills, and abilities that are required for someone to serve as a PIC?
2. Should the Board require or provide a certain type of continuing education or other training as a precursor to assuming the role of a PIC?
3. Should the Board require an attestation from the proposed PIC acknowledging and confirming the legal requirements for a PIC?
4. Should there be a minimum number of hours a PIC should be required to work at the respective pharmacy?

Member Butler spoke in support of continuing education and noted that a PIC should be present at a pharmacy at least one/week.

Member Oh stated belief that there are fundamental knowledge, skills and abilities necessary and spoke in support of training. Member Oh noted that it is very important that the PIC is aware of legal requirements and spoke about the value of a required attestation noting it should be required from both the pharmacy and PIC to ensure the PIC has the power to make a difference. Member Oh spoke in support of a minimum requirement to work one day a week. Member Oh indicated that the Board could establish its own educational program.

Member Patel also indicated that the most relevant policy question is the attestation and spoke in support to such a change. Member Patel indicated concern with the Board's ability to assess if a PIC has the requisite knowledge, skills and abilities. Member Patel suggested the self-assessment could be designed to incorporate the attestation, serving as a reminder every two years. Member Patel spoke in support of a requirement to have the PIC work a few days a week to ensure oversight or suggested a percentage of hours based on the hours of operations of the pharmacy.

Member Weisz, noted that in many hearings, they seem to not be aware of the ramifications. Member Weisz spoke in support of training as well as the attestation.

Chairperson Veale noted that there appears to be consensus that the Board should provide or require training before becoming a PIC. Further there was consensus to require an attestation as well as establishing a minimum number of hours.

Motion: Recommend to the Board that the Licensing Committee pursue a training program for proposed PICs as well as a requirement for an attestation as a precursor to be appointed the PIC.

M/S: Oh/Butler

Members of the public were provided the opportunity to provide public comments.

Public comment including a suggestion that California should consider moving away from a requirement to have a PIC. Further comments suggested that more goes into becoming a PIC than just an awareness of the law and support of a training requirement. Other comments expressed concern of the concept of a required number of hours for a PIC to work and that the attestation could include an educational component.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Yes
Oh	Yes
Patel	Yes
Veale	Yes
Weisz	Yes

VI. Discussion and Consideration of Implementation Plan for Listening Sessions and Pharmacy Technician Summit

Chairperson Veale reminded members that as part of its July 2021 meeting, the Committee voted to convene a pharmacy technician summit. As a precursor to the summit, the Committee determined it appropriate to convene listening sessions, ideally throughout the state and during nontraditional business hours. Such an approach is intended to reach a broad audience to solicit feedback in advance of the summit. During the meeting members stated their intention to convene both the listening sessions and the technician summit in person.

Chairperson Veale stated that given the dynamic nature of the COVID pandemic an alternative approach should be considered. The Committee considered an alternative implementation plan that would allow the Committee to perform its work, but in virtual meetings, while still creating opportunities for broader participation.

Members were advised that Chairperson Veale would attend all sessions and would request comments on the following questions:

1. What duties do you believe a pharmacy technician could perform beyond those currently authorized?
2. Should some functions allow for supervision by another technician (e.g., tech check tech)? If yes, please provide examples.

3. Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
4. Do you believe you have appropriate on the job training, education (e.g., community college, etc.) to perform your duties safely, including in the following areas - - pharmacy operations, HIPAA compliance, compounding?
5. Do you believe the level or type of training depends on the functions you perform?
6. What are some of the biggest challenges you face?

Members suggested that separate questions may be appropriate for sessions specific for pharmacists including asking pharmacist what change they believe would be appropriate to aid pharmacists in performing their duties.

Motion: Recommend the Board allowing the convening of listening sessions via WebEx and providing an equal number of sessions for pharmacy technicians and pharmacists with questions intended for each audience. Grant authority to Chair and EO to schedule the sessions accordingly.

M/S: Oh/Patel

Public comment on the motion: Members of the public were provided the opportunity to provide public comment.

Comments spoke in support of the motion but also expressed concern with the suggested questions.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support

VII. Review and Discussion of Licensing Statistics

Chairperson Veale referenced the quarterly licensing statistics in the meeting materials and noted that the materials provide processing times,

noting that data reflects the time from when an application or deficiency response is received by the Board through to the time it is reviewed by licensing staff. The standard performance processing time is within 30 days for initial applications and is within 10 days for deficiency mail. The term "Current" means there are no items to review or staff is currently reviewing the items within 1-5 days for that specific license type.

Processing times are outside of the performance measures established by the Board. The Board's licensing unit has vacancies in various stages of recruitment as well as staff out on unexpected leave. Managers are working with staff to prioritize work. It is anticipated processing times will improve as vacancies are filled and staff return from unexpected leave. Appropriate resources are just part of the challenge. The issue of processing times is also impacted by the number of deficient applications which appear to be a significant percentage of the workload for some application types.

Ms. Veale highlighted some of the actions taken to reduce deficient applications noting that over 50 percent of the pharmacy technician applications received are deficient. The Board has updated both the application and instruction sheets and several years ago made a video. Unfortunately, the Board continues to receive a large number of deficient pharmacy technician applications. Although there is a range of deficiencies, the most common include:

- Applicants submitted a self-query that is either not sealed or the name is spelled wrong or transposed.
- Affidavit of completed coursework is not completely correctly or secondary information regarding the identification of the appropriate verifying party is not provided.
- High school transcripts are not received or other appropriate documentation is not provided.

Also, the vast majority of applications received for pharmacies are also deficient. Again, there is a range of deficiencies, but the those most common include:

- Inconsistent information is provided throughout the application and supporting materials
- Forms are not completed correctly
- Ownership information is not disclosed
- Complete financial information is not provided
- Further, nonresident pharmacies many times do not have compliant patient-centered labels. Such an issue must be remedied before a license can be issued.

Although resource intense, staff are piloting a process to schedule phone calls with the authorized contacts for some applicants to discuss the deficiencies and ensure there is an understanding of the requirements and requested items. This is a relatively new process but are hopeful as vacancies are filled such a process will assist applicants and also reduce overall processing times.

IX. Future Committee Meeting Dates

Members were reminded of the upcoming Committee meeting schedule and noted that the schedule did not include the proposed listening sessions or Technician Summit.

X. Adjournment

The meeting adjourned at 4:35 p.m.

Attachment 2

Title 16. Board of Pharmacy Proposed Text

Proposed changes to current regulation text are indicated with ~~single strikethrough~~ for deletions and single underline for additions.

Amend Sections 1709.1 of Article 4 of Division 17 of Title 16 of the California Code of Regulations to read:

§ 1709.1. Designation of Pharmacist-In-Charge

(a) The pharmacist-in-charge of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy. Prior to approval of Board, a proposed pharmacist-in-charge shall complete an attestation confirming their understanding of the roles and responsibilities of a pharmacist-in-charge and the legal prohibitions of a pharmacy owner to subvert the efforts of a pharmacist-in-charge. The proposed pharmacist-in-charge shall also provide proof demonstrating completion of a Board provided training course on the role of a pharmacist-in-charge.

(b) The pharmacy owner shall vest the pharmacist-in-charge with adequate authority to assure compliance with the laws governing the operation of a pharmacy.

(c) No pharmacist shall be the pharmacist-in-charge of more than two pharmacies. If a pharmacist serves as pharmacist-in-charge at two pharmacies, those pharmacies shall not be separated by a driving distance of more than 50 miles.

(d) No pharmacist shall be the pharmacist-in-charge of a pharmacy while concurrently serving as the designated representative-in-charge for a wholesaler or a veterinary food-animal drug retailer.

(e) Notwithstanding subdivision (a), a pharmacy may designate any pharmacist who is an employee, officer or administrator of the pharmacy or the entity which owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis as the pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity which owns the pharmacy, shall be prepared during normal business hours to provide a representative of the board with documentation of the involvement of a pharmacist-in-charge designated pursuant to this subdivision with the pharmacy and efforts to obtain and designate a permanent pharmacist-in-charge.

(f) A pharmacist may refuse to act as a pharmacist-in-charge at a second pharmacy if the pharmacist determines, in the exercise of his or her professional judgment, that assuming responsibility for a second pharmacy would interfere with the effective performance of the pharmacist's responsibilities under the Pharmacy Law. A pharmacist who refuses to become pharmacist-in-charge at a second pharmacy shall notify the pharmacy owner in writing of his or her determination, specifying the circumstances of concern that have led to that determination.

(g) A person employing a pharmacist may not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this section.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4081, 4113, 4305 and 4330, Business and Professions Code.

Attachment 3

Title 16. Board of Pharmacy Proposed Text

Proposed changes to current regulation text are indicated with ~~single strikethrough~~ for deletions and single underline for additions.

Amend Section 1732.5 of Article 4 of Division 17 of Title 16 of the California Code of Regulations to read:

§1732.5 Renewal Requirements for Pharmacists

- (a) Except as provided in Section 4234 of the Business and Professions Code and Section 1732.6 of this Division, each applicant for renewal of a pharmacist license shall submit proof satisfactory to the board, that the applicant has completed 30 hours of continuing education in the prior 24 months.
- (b) At least two (2) of the thirty (30) hours required for pharmacist license renewal shall be completed by participation in a Board provided CE course in Law and Ethics.
~~Pharmacists renewing their licenses which expire on or after July 1, 2019, shall be subject to the requirements of this subdivision.~~
- (c) If you are providing the following services you must also complete:
 - (1) At least one (1) hour of approved CE biennially, specific to smoking cessation therapy, as required by Section 4052.9 of the Business and Professions Code, if applicable.
 - (2) At least two (2) hours of approved CE biennially, specific to travel medication, as required by Section 1746.5, if applicable.
 - (3) At least one (1) hour of approved CE biennially, specific to immunizations and vaccines, as required by Section 1746.4, if applicable.
 - (4) At least one (1) hour of approved CE once every four (4) years, specific to the risks of addiction associated with the use of Schedule II drugs, as required by Section 4232.5 of the Business and Professions Code.
- (d) A pharmacist who provides emergency contraception shall complete at least one (1) hour of approved continuing education as required by Section 4052.3 of the Business and Professions Code.
- (e) All pharmacists shall retain their certificates of completion for four (4) years following completion of a continuing education course demonstrating compliance with the provisions of this section.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4052.3, 4052.8, 4052.9, 4231, and 4232, and 4232.5, Business and Professions Code.

Attachment 4

**Title 16. Board of Pharmacy
Proposed Text**

Proposed changes to current regulation text are indicated with ~~single strikethrough~~ for deletions and single underline for additions.

Amend Section 1730.1 to Title 16 of the California Code of Regulations, to read as follows:

§ 1730.1. Application Requirements for Advanced Practice Pharmacist Licensure.

- (a) For purposes of Business and Professions Code section 4210, an applicant for advanced practice pharmacist licensure must satisfy two of the following subsections.
- (1) Demonstrate possession of a current certification as specified in Business and Professions Code section 4210, subdivision (a)(2)(A), by providing either:
 - (A) A copy of the certification award that includes the name of the applicant pharmacist, the area of specialty and date of completion, or
 - (B) A letter from the certification program confirming the award of the certification that includes the name of the applicant pharmacist, the area of specialty and the date of completion.
 - (2) Demonstrate completion of a postgraduate residency earned in the United States through an accredited postgraduate institution as specified in Business and Professions Code section 4210, subdivision (a)(2)(B), by providing either:
 - (A) A copy of the residency certificate awarded by the postgraduate institution that includes the name of the applicant pharmacist, the area of specialty, and dates of participation and completion, or
 - (B) A letter of completion of a postgraduate residency, signed by the dean or residency program director of the postgraduate institution and sent directly to the board from the postgraduate institution, that lists the name of the applicant pharmacist, the area of specialty, and the dates of participation and completion. For an applicant who cannot satisfy this documentation requirement, the board may, for good cause shown, grant a waiver for this subsection.
 - (3) Demonstrate that experience earned under a collaborative practice agreement or protocol, as required by Business and Professions Code section 4210, subdivision (a)(2)(C), has been earned within 10 years of the time of application for advanced practice pharmacist licensure. Additionally, the one year of experience must include no fewer than 1,500 hours of experience providing clinical services to patients. The experience earned under a collaborative practice agreement or protocol must include initiating, adjusting, modifying or discontinuing drug therapy of patients as authorized by law. An applicant shall demonstrate possession of experience by providing both of the following:
 - (A) A written statement from the applicant attesting under penalty of perjury that he or she has:
 - (i) Earned the clinical experience within the required time frame; and

- (ii) Completed the required number of hours of experience providing clinical services to patients, as specified in subsection (a)(3).
 - (I) The applicant shall provide a copy of the collaborative practice agreement or protocol.
 - (II) If a copy of the collaborative practice agreement or protocol is not available, the applicant shall provide a description of the collaborative practice agreement or protocol, including examples of the clinical services the applicant provided to patients.
- (B) A written statement from the supervising practitioner, program director or health facility administrator attesting under penalty of perjury that the applicant has completed at least 1,500 hours of experience providing clinical services to patients. For an applicant who cannot satisfy this documentation requirement, the board may, for good cause shown, grant a waiver for this subsection.
- (b) The experience an applicant offers to demonstrate compliance with one of the three criteria in subsection (a) above may not also be used to satisfy another of the criteria. However, if, as a condition of completion of one of the required criteria, fulfillment of a second criterion is also required, that completion shall satisfy this section.

Note: Authority cited: Sections 4005 and 4210, Business and Professions Code.
Reference: Sections 4052.1, 4052.2 and 4210, Business and Professions Code.

Attachment 5

CALIFORNIA STATE BOARD OF PHARMACY
 QUARTERLY LICENSING STATISTICS FISCAL YEAR 2021/2022

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	89	89	0	0	178
Designated Representatives Vet (EXV)	3	0	0	0	3
Designated Representatives-3PL (DRL)	22	17	0	0	39
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	1	0	0	1
Intern Pharmacist (INT)	1,148	93	0	0	1,241
Pharmacist Exam Applications	269	131	0	0	400
Pharmacist Retake Exam Applications	644	489	0	0	1,133
Pharmacist Initial License Application (RPH)	845	451	0	0	1,296
Advanced Practice Pharmacist (APH)	35	30	0	0	65
Pharmacy Technician (TCH)	1,354	1,134	0	0	2,488
Total	4,409	2,435	0	0	6,844

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	39	38	0	0	77
Automated Drug Delivery System (ADD(APD))	5	1	0	0	6
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	2	0	0	2
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	0	0	0	1
Clinics (CLN)	31	18	0	0	49
Clinics Government Owned (CLE)	27	7	0	0	34
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	19	2	0	0	21
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)	1	3	0	0	4
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	1	0	0	1
Pharmacy (PHY)	82	56	0	0	138
Pharmacy (PHY) Chain	2	83	0	0	85
Pharmacy Government Owned (PHE)	3	1	0	0	4
Remote Dispensing Pharmacy (PHR)	1	0	0	0	1
Pharmacy Nonresident (NRP)	28	43	0	0	71
Sterile Compounding (LSC)	30	6	0	0	36
Sterile Compounding Government Owned (LSE)	2	1	0	0	3
Sterile Compounding Nonresident (NSC)	2	3	0	0	5
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	13	8	0	0	21
Veterinary Food-Animal Drug Retailer (VET)	1	0	0	0	1
Wholesalers (WLS)	14	7	0	0	21
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	35	24	0	0	59
Total	337	304	0	0	641

*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
Hospitals - Temp (HSP)	18	3	0	0	21
Hospital Satellite Sterile Compounding - Temp (SCP)	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)	61	133	0	0	194
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	19	34	0	0	53
Sterile Compounding - Temp (LSC)	22	5	0	0	27
Sterile Compounding Nonresident - Temp (NSC)	2	2	0	0	4
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	4	0	0	6
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	8	1	0	0	9
Wholesalers Nonresident - Temp (OSD)	17	12	0	0	29
Total	150	194	0	0	344

LICENSES ISSUED

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	118	41	0	0	159
Designated Representatives Vet (EXV)	0	1	0	0	1
Designated Representatives-3PL (DRL)	19	1	0	0	20
Designated Representatives-Reverse Distributor (DRR)	0	2	0	0	2
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1,035	202	0	0	1,237
Pharmacist (RPH)	834	462	0	0	1,296
Advanced Practice Pharmacist (APH)	22	75	0	0	97
Pharmacy Technician (TCH)	1,420	1,730	0	0	3,150
Total	3,448	2,514	0	0	5,962

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	42	37	0	0	79
Automated Drug Delivery System (ADD(APD))	14	0	0	0	14
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	14	0	0	21
Clinics Government Owned (CLE)	19	11	0	0	30
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	1	1	0	0	2
Hospitals Government Owned (HPE)	0	1	0	0	1
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	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)	25	20	0	0	45
Pharmacy Government Owned (PHE)	1	1	0	0	2
Remote Dispensing Pharmacy (PHR)	0	0	0	0	1
Pharmacy Nonresident (NRP)	9	6	0	0	15
Sterile Compounding (LSC)	14	6	0	0	20
Sterile Compounding Government Owned (LSE)	2	2	0	0	4
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	2	0	0	0	2
Third-Party Logistics Providers Nonresident (NPL)	1	2	0	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	8	3	0	0	11
Wholesalers Government Owned (WLE)	0	1	0	0	1
Wholesalers Nonresident (OSD)	15	1	0	0	16
Total	161	106	0	0	268

Site Temporary Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	1	0	0	0	1
Hospitals - Temp (HSP)	3	19	0	0	22
Hospital Satellite Sterile Compounding - Temp (SCP)	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)	61	34	0	0	95
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	16	0	0	31
Sterile Compounding - Temp (LSC)	6	20	0	0	26
Sterile Compounding Nonresident - Temp (NSC)	0	1	0	0	1
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	4	2	0	0	6
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	3	4	0	0	7
Wholesalers Nonresident - Temp (OSD)	10	12	0	0	22
Total	104	108	0	0	212

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

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	220	266		
Designated Representatives Vet (EXV)	10	9		
Designated Representatives-3PL (DRL)	52	68		
Designated Representatives-Reverse Distributor (DRR)	2	0		
Designated Paramedic (DPM)	0	1		
Intern Pharmacist (INT)	233	123		
Pharmacist (exam not eligible)	1,643	1,596		
Pharmacist (exam eligible)	1,253	898		
Advanced Practice Pharmacist (APH)	151	106		
Pharmacy Technician (TCH)	1,732	812		
Total	5,296	3,879	0	5,908

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	140	123		
Automated Drug Delivery System (ADD(APD))	49	54		
Automated Drug Delivery System EMS (ADE)	0	0		
Automated Patient Dispensing System 340B Clinic (ADC)	0	2		
Centralized Hospital Packaging Government Owned (CHE)	1	1		
Centralized Hospital Packaging (CHP)	4	4		
Clinics (CLN)	133	133		
Clinics Government Owned (CLE)	30	26		
Drug Room (DRM)	4	3		
Drug Room Government Owned (DRE)	0	0		
Hospitals (HSP)	25	7		
Hospitals Government Owned (HPE)	2	1		
Hospital Satellite Sterile Compounding (SCP)	2	2		
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2		
Hypodermic Needle and Syringes (HYP)	14	13		
Correctional Pharmacy (LCF)	0	0		
Outsourcing Facility (OSF)	0	0		
Outsourcing Facility Nonresident (NSF)	8	9		
Pharmacy (PHY)	208	293		
Pharmacy Government Owned (PHE)	13	11		
Remote Dispensing Pharmacy (PHR)	5	5		
Pharmacy Nonresident (NRP)	164	184		
Sterile Compounding (LSC)	82	61		
Sterile Compounding - Government Owned (LSE)	10	9		
Sterile Compounding Nonresident (NSC)	15	17		
Surplus Medication Collection Distribution Intermediary (SME)	0	0		
Third-Party Logistics Providers (TPL)	2	2		
Third-Party Logistics Providers Nonresident (NPL)	62	66		
Veterinary Food-Animal Drug Retailer (VET)	1	1		
Wholesalers (WLS)	49	46		
Wholesalers Government Owned (WLE)	2	1		
Wholesalers Nonresident (OSD)	127	133		
Total	1,014	1,086	0	1,094

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	3	2		
Hospitals - Temp (HSP)	11	29		
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0		
Outsourcing Facility - Temp (OSF)	0	0		
Outsourcing Facility Nonresident - Temp (NSF)	2	0		
Pharmacy - Temp (PHY)	114	84		
Remote Dispensing Pharmacy - Temp (PHR)	0	0		
Pharmacy Nonresident - Temp (NRP)	43	29		
Sterile Compounding - Temp (LSC)	18	36		
Sterile Compounding Nonresident - Temp (NSC)	1	1		
Third-Party Logistics Providers - Temp (TPL)	1	0		
Third-Party Logistics Providers Nonresident - Temp (NPL)	5	3		
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0		
Wholesalers - Temp (WLS)	3	3		
Wholesalers Nonresident - Temp (OSD)	10	16		
Total	211	203	0	213

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	3	0	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	0	0	0	0
Pharmacist (exam applications)	3	1	0	0	4
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	2	327	0	0	329
Total	8	328	0	0	336

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	8	3	0	0	11
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
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	0	0	0	2
Clinics Government Owned (CLE)	1	0	0	0	1
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	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)	3	0	0	0	3
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	1	0	0	4
Sterile Compounding (LSC)	3	0	0	0	3
Sterile Compounding - Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
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)	2	0	0	0	2
Total	18	1	0	0	19

APPLICATIONS DENIED

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)	0	0	0	0	0
Pharmacist (exam application)	2	2	0	0	4
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	6	6	0	0	12
Total	8	8	0	0	16

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)	1	0	0	0	1
Pharmacy (PHY)	4	1	0	0	5
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	1	1	0	0	2
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
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	1	0	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	8	3	0	0	11

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	485	386	0	0	871
Designated Representative Responded	338	139	0	0	477
Advanced Practice Pharmacist Received	205	205	0	0	410
Advanced Practice Pharmacist Responded	156	157	0	0	313
Pharmacist/Intern Received	1,928	1,335	0	0	3,263
Pharmacist/Intern Responded	1,076	1,132	0	0	2,208
Pharmacy Technician Received	1,978	1,386	0	0	3,364
Pharmacy Technician Responded	1,978	2,057	0	0	4,035
Pharmacy Received	1,903	1,976	0	0	3,879
Pharmacy Responded	1,195	1,171	0	0	2,366
Sterile Compounding/Outsourcing Received	914	1,462	0	0	2,376
Sterile Compounding/Outsourcing Responded	737	468	0	0	1,205
Wholesale/Clinic/Hypodermic/3PL Received	769	495	0	0	1,264
Wholesale/Clinic/Hypodermic/3PL Responded	352	68	0	0	420
Automated Drug Delivery Systems Received	310	349	0	0	659
Automated Drug Delivery Systems Responded	245	284	0	0	529
Pharmacist-in-Charge Received	920	965	0	0	1,885
Pharmacist-in-Charge Responded	774	700	0	0	1,474
Change of Permit Received	816	948	0	0	1,764
Change of Permit Responded	592	624	0	0	1,216
Renewals Received	2,141	2,311	0	0	4,452
Renewals Responded	1,970	2,056	0	0	4,026

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	42	72	0	0	114
Advanced Practice Pharmacist	112	92	0	0	204
Pharmacist/Intern	1,030	740	0	0	1,770
Pharmacy	44	631	0	0	675
Sterile Compounding/Outsourcing	88	0	0	0	88
Wholesale/Clinic/Hypodermic/3PL	83	72	0	0	155
Automated Drug Delivery Systems	222	215	0	0	437
Pharmacist-in-Charge	103	139	0	0	242
Change of Permit	76	67	0	0	143
Renewals	1,246	1,223	0	0	2,469
Reception	19,930	15,197	0	0	35,127

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	556	644	0	0	1,200
Processed	550	662	0	0	1,212
Approved	500	681	0	0	1,181
Pending (Data reflects number of pending at the end of the quarter.)	386	341			n/a
Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	44	34	0	0	78
Processed	38	37	0	0	75
Approved	38	45	0	0	83
Pending (Data reflects number of pending at the end of the quarter.)	70	58			n/a
Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	5	7	0	0	12
Processed	4	7	0	0	11
Approved	5	8	0	0	13
Pending (Data reflects number of pending at the end of the quarter.)	7	6			n/a
Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	18	31	0	0	49
Processed	15	32	0	0	47
Approved	66	27	0	0	93
Pending (Data reflects number of pending at the end of the quarter.)	61	61			n/a
Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	658	333	0	0	991
Processed	66	276	0	0	342
Approved	50	193	0	0	243
Pending (Data reflects number of pending at the end of the quarter.)	2,415	2,555			n/a
Clinic Co-Location	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	0	0	0	0	0
Processed	0	0	0	0	0
Approved	0	0	0	0	0
Pending (Data reflects number of pending at the end of the quarter.)	0	0	0	0	n/a
Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	112	109	0	0	221
Processed	115	95	0	0	210
Approved	109	69	0	0	178
Pending (Data reflects number of pending at the end of the quarter.)	321	363			n/a
Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	55	20	0	0	75
Processed	29	39	0	0	68
Completed	29	41	0	0	70
Pending (Data reflects number of pending at the end of the quarter.)	48	21			n/a
Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	3,267	2,798	0	0	6,065
Off-site Storage	12	43	0	0	55
Transfer of Intern Hours	4	5	0	0	9
License Verification	214	133	0	0	347

DISCONTINUED OF BUSINESS

discontinued by date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	20	12	0	0	32
Automated Drug Delivery System (ADD(APD))	3	0	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)	11	14	0	0	25
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	2	0	0	2
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)	24	26	0	0	50
Pharmacy (PHY) Chain	9	12	0	0	21
Pharmacy Government Owned (PHE)	1	0	0	0	1
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	2	0	0	5
Sterile Compounding (LSC)	13	5	0	0	18
Sterile Compounding Government Owned (LSE)	5	0	0	0	5
Sterile Compounding Nonresident (NSC)	0	2	0	0	2
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	1	0	0	1
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	5	3	0	0	8
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	3	4	0	0	7
Total	81	72	0	0	153

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	581	610	0	0	1,191
Designated Representatives Vet (EXV)	16	8	0	0	24
Designated Representatives-3PL (DRL)	94	87	0	0	181
Designated Representatives-Reverse Distributor (DRR)	1	0	0	0	1
Designated Paramedic (DPM)	2	0	0	0	2
Pharmacist (RPH)	6,119	5,835	0	0	11,954
Advanced Practice Pharmacist (APH)	112	103	0	0	215
Pharmacy Technician (TCH)	7,511	6,987	0	0	14,498
Total	14,436	13,630	0	0	28,066

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	148	639	0	0	787
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)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	3	1	0	0	4
Clinics (CLN)	403	253	0	0	656
Clinics Government Owned (CLE)	7	819	0	0	826
Drug Room (DRM)	3	4	0	0	7
Drug Room Government Owned (DRE)	1	9	0	0	10
Hospitals (HSP)	74	148	0	0	222
Hospitals Government Owned (HPE)	39	22	0	0	61
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	76	40	0	0	116
Correctional Pharmacy (LCF)	0	57	0	0	57
Outsourcing Facility (OSF)	2	2	0	0	4
Outsourcing Facility Nonresident (NSF)	2	7	0	0	9
Pharmacy (PHY)	1,205	2,002	0	0	3,207
Pharmacy Government Owned (PHE)	25	85	0	0	110
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	81	150	0	0	231
Sterile Compounding (LSC)	138	263	0	0	401
Sterile Compounding Government Owned (LSE)	65	3	0	0	68
Sterile Compounding Nonresident (NSC)	9	16	0	0	25
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	10	3	0	0	13
Third-Party Logistics Providers Nonresident (NPL)	33	26	0	0	59
Veterinary Food-Animal Drug Retailer (VET)	3	3	0	0	6
Wholesalers (WLS)	138	103	0	0	241
Wholesalers Government Owned (WLE)	1	7	0	0	8
Wholesalers Nonresident (OSD)	200	176	0	0	376
Total	2,670	4,840	0	0	7,510

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)	2,879	2,835		
Designated Representatives Vet (EXV)	57	56		
Designated Representatives-3PL (DRL)	402	387		
Designated Representatives-Reverse Distributor (DRR)	7	9		
Designated Paramedic (DPM)	30	3		
Intern Pharmacist (INT)	6,257	6,054		
Pharmacist (RPH)	49,081	49,196		
Advanced Practice Pharmacist (APH)	912	987		
Pharmacy Technician (TCH)	68,382	68,733		
Total	128,007	128,260	0	0

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	879	*		
Automated Drug Delivery System (ADD(APD))	62	*		
Automated Drug Delivery System EMS (ADE)	1	1		
Automated Patient Dispensing System 340B Clinic (ADC)	0	0		
Centralized Hospital Packaging Government Owned (CHE)	2	2		
Centralized Hospital Packaging (CHP)	8	8		
Clinics (CLN)	1,326	1,339		
Clinics Government Owned (CLE)	912	906		
Drug Room (DRM)	23	22		
Drug Room Government Owned (DRE)	10	10		
Hospitals (HSP)	396	411		
Hospitals Government Owned (HPE)	78	79		
Hospital Satellite Sterile Compounding (SCP)	4	4		
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2		
Hypodermic Needle and Syringes (HYP)	302	302		
Correctional Pharmacy (LCF)	59	59		
Outsourcing Facility (OSF)	4	4		
Outsourcing Facility Nonresident (NSF)	25	22		
Pharmacy (PHY)	6,369	6,366		
Pharmacy Government Owned (PHE)	138	139		
Remote Dispensing Pharmacy (PHR)	2	2		
Pharmacy Nonresident (NRP)	612	625		
Sterile Compounding (LSC)	744	761		
Sterile Compounding Government Owned (LSE)	107	103		
Sterile Compounding Nonresident (NSC)	63	63		
Surplus Medication Collection Distribution Intermediary (SME)	1	1		
Third-Party Logistics Providers (TPL)	38	38		
Third-Party Logistics Providers Nonresident (NPL)	106	110		
Veterinary Food-Animal Drug Retailer (VET)	20	20		
Wholesalers (WLS)	550	555		
Wholesalers Government Owned (WLE)	13	13		
Wholesalers Nonresident (OSD)	845	852		
Total	12,822	12,819	0	0
Total Population of Licenses	140,829	141,079	0	0
* population by class code not available, will be provided at a later date				