

California State Board of Pharmacy 2720 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833

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www.pharmacy.ca.gov

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



APPLICATION FOR RETIRED PHARMACIST LICENSE

Complete and return this form with the \$50 fee.

Pharmacist License Number					
Full Legal Name - Last Name	First Name	First Name		Middle Name	
*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		
Email Address		Date of Birth (Month/Day/Year)			
Section 4200.5 of the Business and Pro	ofessions Code states	:			
 (a) The board shall issue, upon application license to a pharmacist who has be pharmacist whose license has been (b) The holder of a retired license issue active pharmacist's license is requiritiles "retired pharmacist" or "phar (c) The holder of a retired license shall (d) In order for the holder of a retired status, they shall pass the examination 	en licensed by the boa revoked. ed pursuant to this sec red. A pharmacist holo macist, retired." not be required to re license issued pursuar	ard. The board so tion shall not ealing a retired lic new that licenso to this section	hall not issue a ngage in any ac ense shall be pe e. n to restore the	retired license to a tivity for which an ermitted to use the ir license to active	
I certify that I have read and understa Code.	nd the provisions of s	ection 4200.5 o	f the Business c	and Professions	
Signature			Date		
17A-40 (9/2023) Board Use ONLY - Cashier # Verified By: Date Re	Date equested:		nt 1ailed:		