**California State Board of Pharmacy**
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Sacramento, CA 95833
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www.pharmacy.ca.gov

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

# INDIVIDUAL PERSONAL AFFIDAVIT

This form is to be completed by each **natural person** as instructed on a facility license application or to be added to an existing license through a Change of Permit application.

A California licensed pharmacist and any licensed designated representative is not required to complete this form if serving as a pharmacist-in-charge/consulting pharmacist/designated representative-in-charge/responsible manager.

Print in blue or black ink or type. All sections must be completed; if not applicable, enter N/A.

## 1. PERSONAL INFORMATION

_____
Legal Last Name Legal First Name Middle Name

_____
Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.)

_____
Address - Street City State Zip Code

_____ _____ _____
Personal Phone Number Work Phone Number Email Address

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

## 2. APPLICANT/LICENSEE INFORMATION

List the name of the applicant facility applying for a license as listed in item 1A of the license application OR as listed on the facility license. . License #, if applicable_____

_____
Facility's Name

_____
Location of Business Street City State Zip Code

**ANSWER EACH OF THE FOLLOWING QUESTIONS** (Attach additional sheets of paper if necessary)

**3. LICENSE INFORMATION**

**A.** Are you currently or have you previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional?

**Yes** ☐ **No** ☐ **If Yes,** List the following for all state(s), including California.

| State | Type of License | License Number | Active or Inactive | Issued Date | Expiration Date |
|---|---|---|---|---|---|
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**B. AUTHORIZED TO PRESCRIBE**

Are you currently or have you previously been licensed to prescribe in California or any other state, jurisdiction, territory, or country? Prescribers referenced in BPC section 4040(a)(2) (*e.g.,* physician, dentist, podiatrist, veterinarian, physician assistant, etc.) who hold or have held a license to prescribe in this state or any other state, jurisdiction, territory, or country must disclose their license information below.

**Yes** ☐ **No** ☐ **If Yes,** provide the following.

| State | Type of License | License Number | Active or Inactive | Issued Date | Expiration Date |
|---|---|---|---|---|---|
| | | | | | |
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**4. OWNERSHIP INFORMATION**

Do you have or have you had any direct or indirect beneficial interest in, or do you have or have previously exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for, a California and/or nonresident licensed pharmacy, clinic, wholesaler, third-party logistics provider, or outsourcing facility licensed in California or any other state, jurisdiction, territory, or country?

**Yes** ☐ **No** ☐ **If Yes,** list all current and past licenses. Attach additional sheets if necessary.

| Name of Facility | License Type and Number | State Issued |
|---|---|---|
| | | |
| | | |

**5. DISCIPLINARY QUESTIONS**

The following questions pertain to a license sought or held in California or any other state, jurisdiction, territory, or country. 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, jurisdiction, territory, or country.

**A.** Have you ever had an application for any professional or vocational license or registration denied or any professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

**Yes** ☐ **No** ☐ **If Yes,** provide a signed and dated statement of explanation.

**B.** Do you have or have you had any direct or indirect beneficial interest in, or have you exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for a California and/or nonresident pharmacy, clinic, wholesaler, third-party logistics provider, outsourcing facility and/or any other facility whose license has been denied, suspended, revoked, placed on probation, or had other disciplinary action taken against it?
**Yes** ☐ **No** ☐ **If Yes,** provide a signed and dated statement of explanation.

**C.** Have any of the disciplinary actions in A or B above occurred with your spouse or domestic partner?
**Yes** ☐ **No** ☐ **If Yes,** provide a signed and dated statement of explanation**.**

**6. SPOUSE/DOMESTIC PARTNER INFORMATION (Not required for Government Owned or Nonprofit Corporations)**

**A.** List the name of your spouse/domestic partner.

_____

Legal Last Name Legal First Name Middle Name

_____

Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.) Date of Birth (Month/Day/Year)

**B.** Is your spouse/domestic partner licensed as a pharmacist or licensed to prescribe in California or any other state, jurisdiction, territory, or country? Required to disclose if your spouse/domestic partner holds or has held a pharmacist or a license to prescribe in this state or any other state, jurisdiction, territory, or country. Prescribers referenced in BPC section 4040(a)(2) (*e.g.,* physician, dentist, podiatrist, veterinarian, physician assistant, etc.)
**Yes** ☐ **No** ☐ **If Yes,** provide the following. Attach additional sheets if necessary.

| State | License Type and Number | Active or Inactive | Issued Date | Expiration Date |
|---|---|---|---|---|
| | | | | |

**C.** Will your spouse/domestic partner work in any capacity under the license being applied for or in a facility currently licensed as identified in Section 2 of this form?
**Yes** ☐ **No** ☐ **If Yes,** in what capacity? _____

**An original signature and date is required or a digital signature that complies with the Board's Digital Signatures Policy Statement located on the Board's website. All documents with digital signatures shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records.**

**I hereby certify under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing Individual Personal Affidavit, including all supplementary statements. I understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant identified in Section 2 of this form.**

_____ _____

Signature of individual completing this form Date