



**California State Board of Pharmacy**  
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Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



**AUTOMATED DRUG DELIVERY SYSTEM LICENSE APPLICATION  
 IN A CORRECTIONAL CLINIC**

Chapter 9, Division 2, Article 13.5

An “automated drug delivery system” (ADDS) means a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. An ADDS shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability. An automated drug delivery system may be located in a correctional clinic licensed by the Board pursuant to Business and Professions Code 4187.1 (California Department of Correction and Rehabilitation).

**ADDS APPLICATION PROCESSING FEE: \$500**

Include a check or money order made payable to the Board of Pharmacy. This fee is nonrefundable.

**1. IDENTIFY THE CORRECTION CLINIC LOCATION**

\_\_\_\_\_  
 Name of Facility where the ADDS will be Located Clinic (CLE) License Number

\_\_\_\_\_  
 Address of Facility where the ADDS will be Located: Street City State Zip Code

\_\_\_\_\_  
 Physical Location of the ADDS (List the exact location: i.e. Nursing station, Med Room 1, Building Number)

\_\_\_\_\_  
 Type of ADDS (provide manufacturer, model and serial number)

**2. CORRECTIONAL PHARMACY RESPONSIBLE FOR THE ADDS**

\_\_\_\_\_  
 Name of the Pharmacy License Number

**3. PHARMACIST-IN-CHARGE (PIC) AT PHARMACY**

\_\_\_\_\_  
 Name of PIC Pharmacist License Number

\_\_\_\_\_  
 PIC Telephone Number PIC Email Address

**For Board Use ONLY**

Date Processed \_\_\_\_\_

Processed By \_\_\_\_\_

**ADD #** \_\_\_\_\_

Date Issued \_\_\_\_\_

Issued By \_\_\_\_\_

Date Cashiered \_\_\_\_\_

Cashiering # \_\_\_\_\_

Amount Received \_\_\_\_\_

**4. INSTALLATION OF THE ADDS**

The inspection cannot be completed until the location is ready for an in-person inspection. Prior to issuance of the license, the Board shall conduct a prelicensure inspection, within 30 days of a completed application and confirmation the location is ready to operate an ADDS. The inspection will be conducted within 30 days from confirmation the correctional clinic location is ready to operate the ADDS.

- A. Is the ADDS currently installed at the location listed on this application?  
 Yes  No **If No**, please provide the date of installation for the ADDS: \_\_\_\_\_
- B. Is all construction complete to install the ADDS in the Correctional Clinic?  
 Yes  No **If No**, please provide the date when construction will be completed. \_\_\_\_\_
- C. Has the location passed its fire inspection and all requirements completed to install the ADDS?  
 Yes  No **If No**, staff will reach out prior to scheduling the inspection to confirm when the location is ready for inspection.

**5. ADDS Compliance**

- A. A copy of the policies and procedures in compliance with section 4427.3(c) of the Business and Professions Code shall be provided upon request.
- B. Is the functionality of the ADDS that the pharmacy is operating in compliance with Pharmacy Law?  
 Yes  No

**The ADDS license will not be available to the public on the Board’s web site. The Board will email the PIC upon issuance of the ADDS license. Please allow 4-6 weeks to receive the physical license by mail.**

**APPLICANT AFFIDAVIT**

An ADDS license shall be renewed annually and the renewal date shall be the same as the underlying pharmacy license. The ADDS license shall be canceled by operation of law if the underlying pharmacy license is not current, valid and active.

A signature is required, and must be an original dated signature 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.

I hereby certify that all statements, answers, and representations made in the foregoing application is true and correct.

|   |              |      |
|---|--------------|------|
| Signature of CEO, Director, Administrator | Printed Name | Date |
|---|--------------|------|

|                                   |              |      |
|-----------------------------------|--------------|------|
| Signature of Pharmacist-in-Charge | Printed Name | Date |
|-----------------------------------|--------------|------|