



CORRECTIONAL CLINIC LICENSE APPLICATION INSTRUCTIONS

The board is authorized to issue a correctional clinic license pursuant to sections 4187 of the Business and Professions Code. Clinics applying under section 4187 of the Business and Professions Code must comply with the requirements as defined in Chapter 9, Division 2, Article 13.5.

A correctional clinic is a primary care clinic owned or operated by the state to provide health care to eligible patients of the California Department of Corrections and Rehabilitation (CDCR). [Health & Safety Code section 1206(b)]

IMPORTANT: Please follow these instructions completely. Failure to submit the requested items may delay the processing of the application. If the number of forms included in this application is not sufficient, please make copies. Allow the board 30 days to process the application once the application has been received by the board. Please allow approximately 60 days from the date the application is submitted before checking on the status. The contact person designated on the application will be advised if additional information is necessary.

A checklist is provided with the application to assist you. The board encourages the applicant to refer to the checklist to assist with the application process and to submit all supporting documentation along with the application. It is not uncommon for the board to request additional documentation to confirm or substantiate information contained in the application.

SUMMARY OF CHECKLIST

Section A	Correctional Clinic Application & Processing Fee (All Applicants)
Section B	Change of Ownership / Change of Location
Section C	Government Owned Correctional Clinic
Section D	All Other Types of Ownership - Please refer to the respective ownership section (D1-D5) in the application instructions to identify the appropriate ownership documents to submit with the application. <ul style="list-style-type: none"> D1 - Individual Owner D2 - Partnership D3 - Corporation D4 - Limited Liability Company D5- Trust
Section E	Fingerprint Requirements (All Applicants) <u>Effective July 1, 2018</u> , Business and Professions Code section 4201(a) requires the application shall state the information as to each person beneficially interested or any person with management or control over the license. With the addition of management or control over the license, officers/owners of nonprofit corporations will be required to have his/her fingerprints completed through the Department of Justice and Federal Bureau of Investigation.

CORRECTIONAL CLINIC APPLICATION INSTRUCTIONS & CHECKLIST

Section A Correctional Clinic Application & Processing Fee (All Applicants)

- Correctional Clinic Licensure Application (17A-108):** Complete the entire application and submit with original signatures.
- Application Processing Fee \$520:** Include a check or money order for \$520 made payable to the Board of Pharmacy. This fee is nonrefundable. (NOTE: State owned clinics are fee exempt.)
- Certification of Personnel (17A-11):** The Chief Executive Officer, highest ranking health care administrator at the correctional institution for which the application is for, needs to complete and submit a Certification of Personnel (17A-11).
- Organizational Chart:** A business ownership organizational chart that clearly documents the applicant business' ownership structure must be submitted with the application. Include percentages owned by all parties and lists the executive officers under the appropriate entity.
- Acknowledgement Affidavit:** A signed acknowledgement by the correctional facility pharmacist-in-charge servicing the applicant institution, the pharmacist-in-charge for the California Department of Correction and Rehabilitation's Central Fill Pharmacy, and the correctional clinic's chief medical executive, supervising dentist, chief nurse executive, and chief executive officer verifying that the policies and procedures to implement the laws and regulations within a correctional clinic have been developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code.

Section B Change Ownership / Change of Location

A correctional clinic license is nontransferable. A license is issued to the location of the facility. A *change of ownership and/or change of location result in a new license number being issued. This requires approval by the board prior to the change occurring. Operating the facility prior to being issued a new license due to a change of ownership and/or location may be unlicensed activity.*

In addition to the application requirements in Sections A, C or D, and E submit the following for a change of ownership application.

- Change of Ownership Documentation:** Provide all required documents as listed in the appropriate ownership business in Section C, including but not limited to:
 - Copy of the signed purchase agreement.
 - A copy of the final sale/closing documents will need to be submitted prior to the issuance of the license by the applicant applying for the correctional clinic license.

Section C Government Owned Correctional Clinic Documents

In addition to items listed in Sections A submit the following:

- A letter of verification from the Chief Executive Officer indicating that the institution is government owned and operated.

Section D All other Types of Ownership Documents

In addition to items listed under the specific type of ownership, submit a copy of the contractual agreement between the State and the Owner of the correctional institution for the State to Operate a Correctional Clinic.

D1 - Individual Owner (Sole Proprietor)

In addition to items listed in Sections A and E the individual owner submits a Certification of Personnel (17A-11).

D2 – Partnership

In addition to items listed in Sections A and E submit the following:

- Certification of Personnel (17A-11): Submit a completed form for each of the following:
 - Top 5 partner(s)
- Partnership Agreement: Current executed partnership agreement for the applicant business.

D3 – Corporation

In addition to items listed in Sections A and E submit the following:

- Certification of Personnel (17A-11): Submit a completed form for each of the following:
 - Top 5 Executive Officer(s)
- Articles of Incorporation: A copy filed with the Secretary of State for the applicant business bearing the Secretary of State's stamp (proof of filing).
- Statement of Information: A copy of the current filing with the Secretary of State bearing the Secretary of State's stamp that discloses the officer(s) on file for the applicant business. For more information, go to http://www.sos.ca.gov/business/corp/pdf/so/corp_so350.pdf.

D4 – Limited Liability Company

In addition to items listed in Sections A and E submit the following:

- Certification of Personnel (17A-11): Submit a completed form for each of the following:
 - Each of the Top 5 members that is a natural person and Top 5 executive officer(s)
- Articles of Organization: A copy filed with the Secretary of State for the applicant business bearing the Secretary of State's stamp (proof of filing).
- Statement of Information: A copy of the current filing with the Secretary of State bearing the Secretary of State's stamp that discloses the officer(s) on file for the applicant business. For more information, go to http://www.sos.ca.gov/business/corp/pdf/so/corp_so350.pdf.
- Operating Agreement: Current business operating agreement for the applicant business.

D5 – Trust

In addition to items listed in Sections A and E submit the following:

- Certification of Personnel (17A-11): Submit a completed form for each of the following:
 - Each of the trustee(s)
- Trust Document: Provide a copy of the trust.

Section E Fingerprint Requirements (Not required if the applicant business is owned by the state, city or county.)

Each person that is required to complete a Certificate of Personnel, as instructed in Section D, is required to complete the Live Scan or submit the board approved fingerprint cards for a criminal background check with the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). If a person is currently associated with an active license and has fingerprints already on file with the California State Board of Pharmacy, new fingerprints may not be required.

Effective July 1, 2018, the board will require ALL applicants including nonprofit organizations to complete the fingerprint requirement. (Government owned facilities are exempt from this requirement.)

Fingerprint Instructions: Complete and attach **ONE** of the following (either A or B):

- California residents must use Live Scan. Nonresidents can visit California to complete a Live Scan or must submit professionally rolled fingerprints on cards supplied by the board.
- DO NOT complete the Live Scan service or fingerprint cards until the applicant is ready to send in the application.
- The Live Scan site may charge a processing fee.
- Fingerprint card processing fee is \$49 per person (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy.
- The board will accept fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

A. California Resident: Attach a copy of the completed Live Scan receipt. The receipt verifies that the individual being fingerprinted has completed the Live Scan process and provides tracking information. It is the responsibility of the individual being fingerprinted to verify that all personal information entered by the Live Scan operator is correct prior to the operator's submission. The Board of Pharmacy will not accept clearances by the DOJ/FBI if the personal information is incorrect. Receipt of incorrect information by the DOJ/FBI will result in the individual having to complete a new Live Scan.

- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>
- The individual being fingerprinted must ensure the following information is correct when completing the Live Scan:
 - **Type of License/Certification/Permit or Working Title:** Pharmacy Clinic– Section 4201
 - **Full Name:** Must be EXACTLY THE SAME as the individual's name on his/her state-issued driver's license or state-issued identification card. (Jr., II, etc., must be included). It also must be EXACTLY THE SAME as the individual's name on the application.
 - **Date of Birth:** Do not omit. If left blank, he/she may have to reprint.
 - **Social Security Number (SSN):** If left blank, he/she may have to reprint.
 - **Level of Service:** Must include both DOJ and FBI.

B. Non-California Resident: The individual being fingerprinted may visit California and complete Live Scan. If he/she cannot complete the Live Scan, then two rolled fingerprint cards must be submitted with the application for each individual being fingerprinted.

- Only fingerprint cards provided by the Board of Pharmacy will be accepted.
- Request fingerprint cards through the board's online services at https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php or via email to rxforms@dca.ca.gov.
- Fee: Include fingerprint card processing fee of \$49 for each individual being fingerprinted (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy. You may submit one check or money order for both the application processing fee and fingerprint card processing fee(s).
- Print legibly or type personal information on the fingerprint cards. If the personal information of the individual being fingerprinted is not legible and DOJ enters the information incorrectly, he/she will be responsible to submit new fingerprint cards and pay the \$49 fingerprint card processing fee again. DOJ will NOT correct print results due to illegible fingerprint cards.
- Fingerprints must be taken by a person professionally trained to roll fingerprints.
- Fingerprint clearances from cards take approximately six weeks.
- Poor quality prints will be rejected by DOJ/FBI and will cause delay because new fingerprint cards will be required.
- Fingerprint cards must be completed in black ink.



California State Board of Pharmacy

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GAVIN NEWSOM, GOVERNOR

CORRECTIONAL CLINIC LICENSE APPLICATION

I. Applicant Business Information *Please print or type*

Name of Clinic: (The license will list the name of the Correctional Institution and the Name of the Clinic - Cannot exceed 65 characters including spaces):					
Name of Correctional Institution:					
Address of Correctional Institution:		Number and Street	City	State	Zip Code
Location of Clinic (building name):		Type of Clinic:			
		<input type="checkbox"/> Dental			<input type="checkbox"/> Medical
Telephone Number of Clinic: ()					

II. Application Type: (Check all the apply)

<input type="checkbox"/> New Clinic: Anticipated Opening Date: _____
<input type="checkbox"/> Change of Physical Location: Anticipated Date of Move: _____
<input type="checkbox"/> Change of Ownership: Anticipated Change of Ownership Date: _____

III. Change of Ownership or Location Please provide the following.

Name on Current Clinic License:	License Number and Expiration Date:		
Current Clinic Address:	City	State	Zip Code
Anticipated Effective Date of Transaction/Move: Month, Day, Year			

IV. Business Structure of the Applicant Business

<input type="checkbox"/> Government Owned	<input type="checkbox"/> Individually Owned	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Trust
<input type="checkbox"/> Non-profit					

V. Enter FEIN # (Federal Employer ID #)

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VI. Additional Clinic Information

Mail all correspondence to the following address below. If correspondence should be mailed to the correctional clinic, please note "Same as Clinic."		
Name of Contact Person: (this person is authorized to clarify information provided on this application)	Telephone Number:	Email Address:
or Office Use Only		
Date Processed: _____ By: _____	Date Issued: _____	Cashier #: _____
Date Sent to 2LR: _____ By: _____	By: _____	Date: _____
Date 2LR reviewed: _____ By: _____	Post Issuance: _____ By: _____	Amount: _____

VII. List the Chief Executive Officer, Chief Medical Executive, Supervising Dentist, and Chief Nurse Executive

Name of Chief Executive Officer:	License Number
Name of Chief Medical Executive:	License Number
Name of Supervising Dentist:	License Number
Name of Chief Nurse Executive	License Number

VIII. Name of Licensed Correctional Pharmacy and Pharmacist-in-Charge

Name of Licensed Correctional Pharmacy:	License Number
Address of Licensed Correctional Pharmacy:	Phone Number
Name of Pharmacist-in-Charge	License Number

The board is authorized to issue a correctional clinic license pursuant to sections 4187 of the Business and Professions Code. Clinics applying under section 4187 of the Business and Professions Code must comply with the requirements as defined in Chapter 9, Division 2, Article 13.5.

The pharmacist-in-charge of the correctional facility shall implement the policies and procedures developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code and the statewide Inmate Medical Services Policies and Procedures in conjunction with the chief executive officer, the chief medical executive, the supervising dentist, and the chief nurse executive.

Certification: I certify that I have read and reviewed this application and shall comply as defined in Pharmacy Law.

Signature of Pharmacist-in-Charge

Name (please print)

Date

IX. Ownership Information

California Business and Professions Code section 4035 specifies "person" includes, but is not limited to, firm, association, partnership, corporation, limited liability company, state governmental agency, trust, or political subdivision.

The application shall provide information to identify the ownership of the applicant business. This may include a parent company as well as each officer, partner, member (as appropriate) for the applicant business. Please provide an organizational chart that clearly documents the applicant business' ownership structure, including percentages owned by all parties.

Entity:

If the applicant business is owned by an entity (not a natural person), the application shall identify each parent entity that is beneficially interested in the applicant business, and identify its authorized agent. The authorized agent shall be an officer, partner, member, and/or owner of the parent business.

Name of Partnership (attach additional sheets if necessary):	% of ownership		Telephone Number ()
Address:	Number and Street	City	State Zip Code
Name of Authorized Agent:			Authorized Agent telephone number:
Name of Partner 1:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
Name of Authorized Agent:			Authorized Agent telephone number:
Name of Partner 2:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
Name of Authorized Agent:			Authorized Agent Telephone Number:
Name of Corporation:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
Name of Authorized Agent:			Authorized Agent Telephone Number:
Name of Limited Liability Company or Trust:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
Name of Authorized Agent:			Authorized Agent Telephone Number:
Name of Government Agency	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
Name of Authorized Agent:			Authorized Agent Telephone Number:

Natural Person(s):

Provide Top 5 name(s) of each owner, partner, member, executive officer(s), and/or trustee who is a natural person of the applicant business. If there are no natural person of the applicant business, list the owners, partners, members, executive officers, or trustee who are natural persons for the parent business as listed in the Entities section. Natural persons identified shall be authorized to act for and bind the applicant business. Under the heading "License" list any state professional or vocational licenses held; e.g., pharmacist, physician, podiatrist, dentist or veterinarian etc., and license number. Attach additional sheets if necessary. **Individuals listed below must sign page 5 of the application.**

Name:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
List License Type and Number:			
Name:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
List License Type and Number:			
Name:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
List License Type and Number:			
Name:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
List License Type and Number:			
Name:	Position Title	% of ownership	Telephone Number ()
Address:	Number and Street	City	State Zip Code
List License Type and Number:			

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

APPLICANT AFFIDAVIT - Read carefully and sign below

This application must be approved by the California State Board of Pharmacy before a correctional clinic license will be issued. Failure to complete the application within 60 days after being notified by the board of deficiencies the applicant may be deemed to have abandoned the application and may be required to file a new application and meet all the requirements in effect at the time of reapplication pursuant to Title 16, California Code of Regulations section 1706.2(a).

Failure to provide any of the requested information may result in the application being deemed incomplete. Any material misrepresentation in the answer of any question is grounds for denial or subsequent revocation of license, and is a violation of the California Penal Code. All items of information requested in this application are mandatory as defined in Chapter 9, Division 2, Article 13.5.

The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary, for it to perform its duties. Each person has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.38 of the Civil Code.

NOTE: The board may discuss the status of this application only with the authorized person identified as the contact person on the application or a person who has signed the application as an authorized owner, officer, partner, member, or trustee of the applicant business. An authorized owner may designate additional individuals to receive information on this pending application. Use the Authorization to Release Applicant Information form.

Chief Executive Officer and Owner(s) Sign Below: This includes the Chief Executive Officer and for all nongovernment owned correctional clinics; the individual owner, partners, executive officer(s), member(s), manager(s), and trustee(s) listed on the application. Provide original signatures. Scanned, stamped or electronic signatures may not be accepted.

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies and says that:

- 1) he/she is the owner, partner, member, officer, trustee, or the Chief Executive Officer of the applicant business named in the foregoing application, duly authorized to make this application on its behalf and is at least 18 years of age;
- 2) he/she has read the foregoing application and knows the contents thereof and attests to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements.;
- 3) no person other than the applicant or applicants has any direct or indirect interest or management and control in the applicant correctional clinic to be conducted under the license for which this application is made;
- 4) he/she understands that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license; and
- 5) a change of ownership application may be withdrawn by either the applicant or the licensee with no resulting liability to the California State Board of Pharmacy.

Signature of Chief Executive Officer of Correctional Clinic	Name (please print)	Title	Date
Signature of owner, partner, member, executive officer, or trustee	Name (please print)	Title	Date
Signature of owner, partner, member, executive officer, or trustee	Name (please print)	Title	Date
Signature of owner, partner, member, executive officer, or trustee	Name (please print)	Title	Date
Signature of owner, partner, member, executive officer, or trustee	Name (please print)	Title	Date
Signature of owner, partner, member, executive officer, or trustee	Name (please print)	Title	Date



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CORRECTIONAL CLINIC ACKNOWLEDGMENT AFFIDAVIT

Please complete this form. The form is provided to help the correctional clinic applicant to demonstrate compliance with Business and Professions Code section 4187, subdivision (a) that states:

“The policies and procedures to implement the laws and regulations of this article within a correctional clinic shall be developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code. Prior to the issuance of a correctional clinic license by the board, an acknowledgment shall be signed by the correctional facility pharmacist-in-charge servicing that institution, the pharmacist-in-charge for the California Department of Correction and Rehabilitation’s Central Fill Pharmacy, and the correctional clinic’s chief medical executive, supervising dentist, chief nurse executive, and chief executive officer.”

By signing this acknowledgement, you are affirming that you fully understand the foregoing and the correctional clinic is in compliance with Business and Professions Code section 4187, subdivision (a).

Signature of Correctional Facility Pharmacist-in-Charge Servicing the Institution	Name (please print)	Title	Date
Signature of the Pharmacist-in-Charge for the California Department of Correction and Rehabilitation’s Central Fill Pharmacy	Name (please print)	Title	Date
Signature of Correctional Clinic’s Chief Executive Officer	Name (please print)	Title	Date
Signature of Correctional Clinic’s Chief Medical Executive	Name (please print)	Title	Date
Signature of Correctional Clinic’s Supervising Dentist	Name (please print)	Title	Date
Signature of Correctional Clinic’s Chief Nurse Executive	Name (please print)	Title	Date

AUTHORIZATION TO RELEASE APPLICANT INFORMATION

(Optional)

Applicant Business Information *Please print or type*

Name of Business:	Telephone Number of Business: ()			
Name of Business DBA if different than above				
Address of Business:	Number and Street	City	State	Zip Code

The board will ONLY discuss the status of this application with the authorized person identified on the application and any person who has signed the application as an officer, partner, member, and/or owner of the applicant business. In order for the board to discuss the status of this application with another individual, the authorized person identified on the application must authorize in writing the board to discuss the application status with a his or her authorized representative.

Giving consent for the board to disclose application and business information will authorize the board to disclose all personal and business information pertaining to this application. This includes but is not limited to social security number, date of birth, address information, all application requirement information, application approval or denial status, and any criminal conviction information the board may have on record for your application.

APPLICANT CONSENT

(must be signed and dated by the applicant for optional authorization to be valid)

As a person identified on the application that is authorized to act for and bind the applicant business, I hereby give the board consent to communicate to the individual listed below.

I, _____, hereby give consent to
Print Name of Person Authorized to Bind the Applicant Business

the California State Board of Pharmacy to disclose information about this application as specified above to the following individual:

Name:	Telephone:			
Mailing Address:	Street	City	State	Zip
E-mail Address:				

This consent will expire on _____, within one year, or upon
 licensure, whichever comes first. (Date)

_____ _____
Original Signature of Person Authorized to Bind the Applicant Business Date



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CERTIFICATION OF PERSONNEL

This form is completed by each natural person listed on the application/license that has beneficial interest and/or management and control. A California licensed pharmacist acting as the pharmacist-in-charge/consulting pharmacist does not need to complete this form. Failure to complete the form and provide the required information may result in the application being considered incomplete. Attach additional sheets of paper, if necessary.

Please print or type

Full Legal Name: Last Name:	First Name:	Middle Name:
Previous Names (AKA, Birth Name, Alias, etc.):		
Residence Street Address:		
City:	State:	Zip Code:
Home#: ())	Cell#: ())	Work#: ())
Email Address:		
**US Social Security # or ITIN:	Date of Birth (Month/Day/Year):	

Applicant Business Information

Name of Applicant Business:	Business Telephone Number:
Address of Applicant Business: Number and Street City State Zip	

My position with the applicant business is: (Check all that apply)

Owner Partner Officer Stockholder Member Trustee Government Representative

Professional Director Administrator

Other: Specify Position _____

1. If you are currently licensed as a physician, podiatrist, dentist, optometrist, or veterinarian in any state, territory, foreign country, or other jurisdiction, please provide the following information.

State	Type of License	License Number	Active or Inactive	Issued Date	Expiration Date

2. If your spouse, child, parent, or other relative or any person with whom you share a financial interest is licensed in this state or any other state as a physician, podiatrist, dentist, or veterinarian, please list his or her name, relationship to you, the license type and number, and state. (Use additional sheets if necessary.)

Name	Relationship	License Type	License #	State

<p>Ownership Information - For any affirmative answer, attach a statement of explanation including company name, type of license, license number, and identify the state, territory, foreign country, or other jurisdiction where licensed.</p> <p>3. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator, or medical director on a license to conduct a pharmacy, wholesaler, third-party logistics provider, or any other entity licensed in any state, territory, foreign country, or other jurisdiction?</p>	<p>3. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Disciplinary History – The following questions pertain to a license sought or held in any state, territory, foreign country, or other jurisdiction. For any affirmative answer, attach a statement of explanation including type of license, license number, type of action, date of action, and identify the state, territory, foreign country, or other jurisdiction.</p> <p>4. Have you ever had an application for pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration denied?</p> <p>5. Have you ever had a license or registration for a pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational occupation suspended, revoked, placed on probation, or had other disciplinary action taken against it?</p> <p>6. Have you ever had a license for a pharmacy, wholesaler, third-party logistics provider, and/or any other entity denied, suspended, revoked, placed on probation, or had other disciplinary action taken against a license you hold?</p> <p>7. Have you ever been in violation of any provisions of pharmacy law in this or any other state?</p>	<p>4. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Practice Impairment or Limitation The board makes an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the board is unable to make a determination based on the information provided, the board may require an applicant to be examined by one or more physicians or psychologists at the board's cost to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant. For any affirmative answer, attach a statement of explanation.</p> <p>8. Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?</p> <p>9. Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?</p> <p>10. Do you have any other condition that may in any way impair or limit your ability to practice safely?</p> <p>11. Have you ever participated in, been enrolled in, or been required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?</p> <p>12. If you answered "Yes" to questions 8 through 11 above, have you ever received treatment or participated in any program that improves your ability to practice safely?</p>	<p>8. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>

Criminal Record History

Applicants who answer “No” to the questions below but have a previous conviction or plea may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.

To assist in the timely processing of your application, for each conviction submit: 1) certified copies of the arresting agency records, 2) certified copies of the court documents (court docket), 3) a signed and dated descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of the incident and all circumstances surrounding the incident), and 4) proof of compliance with probation or parole. If the documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is recommended. In addition, you may submit evidence of rehabilitation or any information you deem appropriate.

13. **Have you EVER been convicted of, or pleaded guilty or nolo contendere/no contest to, ANY crime in any state, the United States or its territories, a military court, or any foreign country?**

13. Yes No

This includes any felony or misdemeanor offense and any infraction. You must disclose a conviction even if it was: (1) later dismissed or expunged pursuant to Penal Code section 1203.4 or an equivalent release from penalties and disabilities provision from a non-California jurisdiction, or (2) later dismissed or expunged pursuant to Penal Code section 1210.1 or an equivalent post-conviction drug treatment diversion dismissal provision from a non-California jurisdiction.

NOTE: You may answer “No” regarding, and need not disclose any of the following: (1) criminal matters adjudicated in juvenile court; (2) criminal charges dismissed or expunged pursuant to Penal Code section 1000.4 or an equivalent deferred entry of judgment provision from a non-California jurisdiction; (3) convictions for violations of Health and Safety Code section 11357, subdivisions (b), (c), (d), or (e), or Health and Safety Code section 11360, subdivision (b), that are more than two years old on the date you sign your application; and (4) traffic violations that do not involve drugs or alcohol.

Arrest Date	Conviction Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)

14. **Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?**

14. Yes No

Arrest Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)

APPLICANT AFFIDAVIT - Please read carefully and sign below.

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

If you are a non-pharmacist owner, partner, corporate officer, corporate director or administrator of the business, you should be aware that:

- (a) Any non-pharmacist owner who commits any act which would subvert or tends to subvert the efforts of the pharmacist-in-charge to comply with the laws governing the operation of the pharmacy is guilty of a misdemeanor.
- (b) You may not order a pharmacist to perform any act that is prohibited by law.

- (c) Any violation of the Federal Food, Drug & Cosmetic Act, the Federal Controlled Substance Act or any law or regulation relating to the practice of pharmacy in the State of California is grounds for suspension or revocation of the permit for which you are applying.
- (d) Committing any act prohibited by law or neglecting to perform any duty required by law could result in proceedings against the personal license of a pharmacist or could result in an action against your permit.
- (e) You are not permitted to assist in any phase of compounding or dispensing of prescriptions, or to perform any of the duties that are required by law or regulation to be done by a pharmacist.
- (f) Only a pharmacist may possess the key to the pharmacy or to the permanent barrier separating the pharmacy.
- (g) You may enter the pharmacy for the purpose of performing certain specified duties only when the pharmacist is present; and the pharmacist is responsible for any non-registered person allowed to enter the pharmacy. (This does not apply to hospital pharmacies or limited permits under Business and Professions Code section 4117, or Title 16, California Code of Regulations section 1714).
- (h) Dangerous drugs and/or devices as defined in Business and Professions Code sections 4022 and 4023 may only be sold by prescription or to persons who are licensed to handle, sell and possess such drugs.

This information will be used to determine qualifications for licensure under California pharmacy law. The officer responsible for information maintenance is the executive officer, telephone (916) 518-3100, 12720 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833. This information may be transferred to another governmental agency, such as a law enforcement agency, if necessary to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by Civil Code section 1798.3.

****Disclosure of your U.S. Social Security number or individual taxpayer identification number (ITIN) is mandatory.** Business and Professions Code section 30, Family Code section 17520, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your Social Security number or individual taxpayer identification number. Your Social Security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes; for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code; or for verification of license or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number or individual taxpayer identification number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing certification of personnel, including all supplementary statements; and that I personally completed this personal background affidavit. I understand that my application may be denied or any license disciplined for fraud or misrepresentation.

I also certify that I have read and understand the rules of professional conduct and have retained a copy on file.

Original Signature of Applicant (please sign and date within 60 days of filing the application)

Date