



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



**APPLICATION INSTRUCTIONS FOR APPLYING FOR  
FOR AN EMERGENCY MEDICAL SERVICES  
AUTOMATED DRUG DELIVERY SYSTEM (EMSADDS) LICENSE**  
(Bus. & Prof. Code § 4119.01)

An “emergency medical services automated drug delivery system” or “EMSADDS” means an automated drug delivery system that stores and distributes drugs for the sole purpose of restocking a secured emergency pharmaceutical supplies container that is used by a provider agency to provide emergency medical services.

The emergency medical services provider agency must obtain a license from the board to operate the EMSADDS. As a requirement for licensure, the EMSADDS must be located on the premises of a fire department headquarters, a fire station, or at an emergency medical services provider agency’s location. A separate license is required for each location. An EMSADDS license may not be transferred to a different location if the EMSADDS is moved.

**IMPORTANT:** Please follow these instructions completely. Failure to submit the necessary items will delay the processing of your application. Allow the board 30 days to process your application upon receipt. The contact person reflected in the application will be advised if additional information is necessary.

To assist you with the application process and requirements, a checklist is provided with the application instructions. The board strongly encourages the applicant to refer to the checklist to assist with the application process by submitting all supporting documentation with the application.

**CHECKLIST FOR FILING AN EMSADDS APPLICATION**

Please review items 1-6 to ensure your application is complete before mailing to the board.

**1. Application for an EMSADDS License (17A-104)**

- Complete the entire application and submit with original signatures.
- Provide the physical location of the EMSADDS.
- Provide type of EMSADDS (manufacture, model, and serial number)

**2. EMSADDS Application Processing Fee \$150**

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

**3. Medical Director:** Provide the name, license, and other identifying information of the medical director responsible for overseeing the emergency medical services provider agency.

**4. Policies and Procedures for the EMSADDS:** Submit a copy of the emergency medical services provider agency’s adopted policies and procedures detailing the provisions under which the EMSADDS will operate as required in section 4119.01 of the Business and Professions Code.

5. **Designated Pharmacist and/or Designated Paramedic:** Provide the name, license, and other information for any designated pharmacist or licensed designated paramedic who is responsible for performing the duties as required in section 4119.01 of the Business and Professions Code.
6. **Pharmacy or Emergency Medical Services Provider Agency (EMSPA) Wholesaler:** Provide the name and license number of the pharmacy or EMSPA wholesaler that will furnish the dangerous drugs and dangerous devices through the EMSADDS.



### 3. EMERGENCY MEDICAL SERVICES PROVIDER AGENCY (EMSPA)

Name of the EMSPA			
Address of Location: Street	City	State	Zip Code
Name of Contact Person			
PIC Telephone Number		Email Address	

### 4. MEDICAL DIRECTOR WHO OVERSEES THE EMERGENCY MEDICAL SERVICES PROVIDER AGENCY

Name of Medical Director	License Type	License Number	License Expiration Date
Address of Record: Street	City	State	Zip Code
Telephone Number		Email Address	

### 5. LIST THE DESIGNATED PHARMACIST(S) OR DESIGNATED PARAMEDIC(S): Responsible for Compliance with Duties required under Bus. & Prof Code § 4119.01.

Name of Licensee		License Type, Number and Expiration	
Address of Record: Street	City	State	Zip Code
Telephone Number	Cell Phone Number	Email Address	
Name of Licensee		License Type, Number and Expiration	
Address of Record: Street	City	State	Zip Code
Telephone Number	Cell Phone Number	Email Address	
Name of Licensee		License Type, Number and Expiration	
Address ofaf Record: Street	City	State	
Zip Code			
Telephone Number	Cell Phone Number	Email Address	

**6. NAME OF THE PHARMACY OR EMSPA WHOLESALER THAT WILL FURNISH THE DANGEROUS DRUGS AND DANGEROUS DEVICES:**

Name of Licensee		License Type, Number and Expiration	
Address of Record: Street	City	State	Zip Code
Contact Name	Telephone Number	Email Address	

**EMSADDS LICENSURE INFORMATION**

- A separate license is required for each location.
- Relocation of the EMSADDS shall require a new application for licensure.
- The EMSADDS license shall be renewed annually.
- The EMSADDS original license and current renewal license shall be displayed on the ADDS machine in a place where it may be clearly read by the public.

**The EMSADDS license will not be available to the public on the Board's web site. The Board will email the Designated Pharmacist and/or Designated Paramedic(s) upon issuance of the ADDS license. Please allow 4-6 weeks to receive the physical license in the mail at the pharmacy.**

**APPLICANT AFFIDAVIT**

**The person signing below has the authority to bind the primary license and is listed on the license record with the Board.** The Board is authorized to issue an emergency medical services automated drug delivery system license pursuant to Business and Professions Code 4119.01.

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.

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies compliance with Business and Professions Code section 4119.01; that they are at least 18 years of age; has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; and all supplemental statements are true and accurate.

Signature of Medical Director	Printed Name	Date
Signature of Designated Pharmacist or Licensed Designated Paramedic	Printed Name	Date
Signature of Designated Pharmacist or Licensed Designated Paramedic	Printed Name	Date
Signature of Designated Pharmacist or Licensed Designated Paramedic	Printed Name	Date