California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

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

APPLICATION INSTRUCTIONS
DESIGNATED REPRESENTATIVE-WHOLESALER

An individual must demonstrate they meet the designated representative-wholesaler licensure requirements pursuant to California Business and Professions Code section 4053.

IMPORTANT APPLICATION INFORMATION

- Allow the Board 45 days to process your application. You will receive an email notification to acknowledge receipt of your application after your payment has been processed.
- Provide a current and active email to receive notifications on the status of your application.
- Failure to complete all application requirements within 60 days after being notified by the Board of any deficiencies may result in your application being considered abandoned and withdrawn. [Cal. Code Regs., tit.16, § 1706.2(b).]

APPLICATION CHECKLIST

☐ **APPLICATION FEE IS $345:** Include a check or money order made payable to the California State Board of Pharmacy when submitting your application. The application fee is non-refundable.

☐ **APPLICATION FOR A DESIGNATED REPRESENTATIVE-WHOLESALER LICENSE** (17A-E rev 3/2026): Complete the entire application. It is preferable to complete the application online, print, then sign and date the application. Provide original signatures, or digital signatures that comply with Cal. Code Regs, tit.16, § 1700.

☐ **PHOTO:** Attach a 2”x2” glossy, colored photo to page 1 of the application. The photo must have been taken within 60 days of filing the application. **DO NOT** provide scanned images, Polaroids, or black-and-white photos.

☐ **FINGERPRINT REQUIREMENT:** Your legal name listed on your fingerprint results must match your name on this application. Reference item 10 below under Required Additional Application Requirements.

☐ **MILITARY OR REFUGEE APPLICATION EXPEDITE:** Reference item 11 below under If Applicable, Additional Application Requirements.

The following items numbered below correspond to the numbered sections on the application (17A-E rev 3/2026).

1. **APPLICANT INFORMATION**:
   - **Full Legal Name (Name of Record):** The full legal name listed on your application will be your name of record with the Board. List your full legal name EXACTLY as listed on your legal identification (i.e. state issued driver’s license or state issued identification card.)
   - **Previous Names:** List all prior name(s) you have ever used.
     - Did you have a maiden name, married name, former name, AKA?
     - Have you ever used Jr., Sr., II, etc., with your name?

- If you do not list all your previous names, the Board may not be able to locate, match, or verify your documents.

- **Public Address of Record:** List the address to receive official mail from the Board. Your address of record will be your public address of record with the Board. Once you are licensed with the Board, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code sections 1798-1798.78) and the Public Records Act (Government Code sections 7920.000-7931.000). This is where the Board will mail all official correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mailbox (PMB).
- **Residence Address**: List your residence address. Board licensees are required by law to file a proper and current residence address with the Board. (Cal. Code Regs., tit.16, §1704.) Your residence address will not be available to the public, if different from the address of record listed on the application.
- **Telephone Numbers**: List your telephone number(s).
- **Email Address:** To facilitate electronic communication, provide an email address that you will have access to and check regularly. The Board will communicate the status of the application to the email address listed on the application.
- **Date of Birth:** List your Date of Birth (Month/Day/Year)
- **Disclosure of your U.S. social security number (SSN) or Individual Taxpayer Identification Number (ITIN).** List your SSN or ITIN. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your SSN or ITIN. Your SSN or ITIN 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 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 SSN or ITIN, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

2. **MANDATORY EDUCATION**: Check one of the following on the application to identify how you meet the mandatory education requirement to qualify for a designated representative-wholesaler license. Submit the appropriate supporting document (as described in A, B, or C below) with your application [Bus. & Prof. Code § 4053(b)(1)]:

   A. High school graduate or foreign equivalent. (Submit one of the following.)

   - U.S. High School Graduate: Attach an official, embossed transcript (academic record) of your high school transcript. The transcript must identify the date you graduated. To get a copy of your high school transcript, contact your high school or its school district office.
   - Foreign High School Graduate Equivalent: Attach a copy of your foreign secondary school diploma or certificate. If not in English, then include a certified translation in English. The translation may be from an evaluation service that states your education is equal to graduating high school in the U.S.

   B. Possess a general education development certificate equivalent. (Submit one of the following.)

   - High School Equivalency: Attach 1, 2, or 3 below to show documentation of completing one of the three High School Equivalency Tests.
     1. General Educational Development (GED): Attach an official transcript of your test results or equivalent. GED test results are official only if they are earned through an authorized GED Testing Center. To get your GED transcripts, go to

http://www.gedtestingservice.com/testers/gedrequest-a-transcript. If your GED is from another state, you may need to request an official transcript of your GED test results from the agency in that state.

2. HiSET: Attach an official transcript of your test results or equivalent. HiSET test results are official if they are earned through an authorized HiSET Testing Center. To request your HiSET transcripts, go to www.diplomasender.com.
3. TASC: Attach an official transcript of your test results or equivalent. TASC test results are official if they are earned through an authorized TASC Testing Center. To request your TASC transcripts, go to http://www.tasctest.com/.

- Certificate Equivalent: Attach an official "Certificate of Proficiency" showing you passed the California High School Proficiency Examination (CHSPE). To request a copy, go to https://www.chspe.net/cert-trans/ or call (866) 342-4773.
- Out-of-State High School General Education Development Certificate Equivalent: Attach an official transcript of your test results or equivalent.

C. Earned a degree from an accredited postsecondary institution. Attach an official, embossed transcript (academic record) of your transcript from an accredited postsecondary institution. The official transcript must indicate your degree earned and date conferred.

3. EXPERIENCE Check one of the following on the application to identify how you meet the experience requirement to qualify for a designated representative-wholesaler license. Submit the appropriate supporting document (as described in A or B below) with your application [Bus. & Prof. Code § 4053(b)(2)]:

A. PAID WORK EXPERIENCE - Designated Representative-Wholesaler Experience Affidavit (form 17A-E2): Submit this form to document that you have a minimum of one year of paid work experience in the past three years, in a licensed pharmacy, drug wholesaler, drug distributor, or drug manufacturer, related to the distribution or dispensing of dangerous drugs or dangerous devices. Do NOT include all employment dates, only paid work experience dates. An applicant may not sign as the person with direct knowledge of the applicant's experience.

- If the one year of paid work experience was gained at multiple facilities, submit an experience affidavit form (form 17A-E2) for each facility where paid work experience was gained.
- If your paid work experience was obtained in a facility not licensed by the California State Board of Pharmacy, provide an online license verification printout of the facility's license from the state licensing agency that includes the name, license number, date issued, expiration date, and discloses whether there is any discipline action against the license.

B. PHARMACIST EXAMINATION: To qualify by meeting all of the prerequisites to take the examination required for licensure as a pharmacist by the Board, submit one of the following:

- If you graduated from a school of pharmacy recognized by the Board, request an official transcript to be sent directly to the Board documenting your graduation. (Bus. & Prof. Code § 4200). A recognized school of pharmacy means a school of pharmacy accredited, or granted candidate status, by the Accreditation Council for Pharmacy Education (ACPE) or otherwise recognized by the Board. (Cal. Code Regs., tit.16, § 1719.), or
- If you graduated from a foreign school of pharmacy, submit a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certification by the National Association of Boards of Pharmacy (NABP). (Bus. & Prof. Code § 4200(a)(2)(B).) The Board will verify your FPGEC certification with the NABP through your E-Profile number. If you cannot provide a copy of the FPGEC certification, please provide documentation showing that you took the FPGEC and provide the

Board with the E-Profile number for verification purposes. In addition, provide documentation of 1,500 hours of pharmacy practice experience as an intern pharmacist, unless you hold an active pharmacist license in another state for one year or more, as certified by the licensing agency of that state, and have obtained a minimum of 900 hours of pharmacy practice experience in a pharmacy as an intern pharmacist or a pharmacist in both a community and institutional pharmacy practice setting. To document your pharmacy practice experience, submit the Pharmacy Intern Hours Affidavit form(s) (17A-29) documenting your experience earned as an Intern Pharmacist or Pharmacist in both the community and institutional pharmacy practice settings.

4. **DESIGNATED REPRESENTATIVE-WHOLESALER TRAINING.** Unless you are an out-of-state licensed pharmacist, submit the Designated Representative-Wholesaler Training Affidavit (form 17A-E3) to document that you have completed a training program approved by the Board that, at a minimum, addresses the subjects listed in Business and Professions Code section 4053(b)(3). An applicant may not sign as the person with direct knowledge of the applicant's training.

5. **LICENSE INFORMATION:** If you currently hold or previously held a license in another state as a pharmacist, intern pharmacist, pharmacy technician, designated representative, and/or other healthcare professional, (including, without limitation, any healthcare professional authorized to prescribe [*e.g.*, physician, dentist, optometrist, podiatrist, veterinarian, nurse practitioner, physician assistant, etc.]), request each state agency to verify your license by completing the required Verification of License in Another State form (17A-16) or provide a printout of the online license verification from your home state regulatory agency that includes your name, license number, issued date, expiration date, and if there has been any disciplinary action against the license. The online license verification must include the status of the license and, if any, disciplinary action taken.

6. **OWNERSHIP INFORMATION:** Answer the question, and if applicable provide the requested information.

7. **DISCIPLINARY HISTORY:** Answer all questions, and if applicable provide the requested information.

8. **PRACTICE LIMITATIONS OR IMPAIRMENT:** Answer the question, and if applicable provide the requested information. 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.

9. **APPLICANT ADVISEMENTS AND AFFIDAVIT:**
Complete and submit a signed and dated application, which must be received by the Board within 60 days of the date signed. Provide original signatures, or digital signatures that comply with Cal. Code Regs., tit.16, § 1700.

REQUIRED ADDITIONAL APPLICATION DOCUMENTS TO SUBMIT WITH YOUR APPLICATION - ITEM 10

10. **FINGERPRINTS: DO NOT** complete the Live Scan service or fingerprint cards until you are ready to send in your application. Complete and attach **ONE** of the following (A or B):

A. **LIVE SCAN IS ONLY AVAILABLE IN CALIFORNIA: PROVIDE THE LIVE SCAN OPERATOR WITH A COPY OF THE FINGERPRINT REQUIREMENT AND LIVE SCAN INSTRUCTIONS.** California residents must complete the Live Scan. Attach a copy of the completed Live Scan receipt when submitting your application. 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.
- Find a Live Scan location.
- The individual being fingerprinted must ensure the Live Scan operator enters in **ALL** information provided in the Fingerprint Requirements and Live Scan Instructions and your personal information is correct prior to the operator's submission of the Live Scan to DOJ/FBI.
- The name, date of birth and US Social Security Number (SSN**) IS MANDATORY AND MUST** be entered in at the time of the Live Scan transmission for the results to be accepted by the California State Board of Pharmacy. If the name, date of birth or SSN is not entered at the time of Live Scan transmission, the individual may have to have a new Live Scan transmission completed.

NOTE TO APPLICANT/LICENSEE and LIVE SCAN OPERATOR: You are required to have both DOJ and FBI level of service complete AND ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service in their computer system. If FBI is not selected at the time of original transmission, you will be required to have your Live Scan redone at another time and repay for the DOJ and FBI levels of services again.

B. **FINGERPRINT CARDS - ONLY FOR NON-CALIFORNIA RESIDENT:** The individual being fingerprinted may visit California and complete Live Scan. If they 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 website.
- 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, the applicant 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.
- The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (e.g. law enforcement agency) in the state the services are rendered.
- 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.

IF APPLICABLE, ADDITIONAL APPLICATION DOCUMENTS TO SUBMIT WITH YOUR APPLICATION – ITEM 11

11. APPLICATION EXPEDITE: The Board will expedite review of an application by demonstrating compliance with either the Military or Refugee Expedite as explained below.

MILITARY EXPEDITE: The Board will expedite review of an application as explained in A through C below. Include with your application the appropriate supporting document(s) as evidence you qualify for your application to be expedited.

A. **Active Duty Military:** Check "Active Duty Military" line if you are currently serving in the military. If you are an active duty member of a regular component of the Armed Forces of the U.S. enrolled in the United States Department of Defense Skillbridge program as authorized under Section 1143(e) of Title 10 of the United States Code, provide satisfactory evidence of your enrollment (such as an official letter from your commanding officer), and a copy of your military identification, to qualify for expedited processing of your application.

B. **Active Duty Military Spouse or Domestic Partners:** If you are married to, or in a domestic partnership or other legal union with, an active duty member of the United States military, who is assigned to a duty station in California under official active duty military orders and you hold a current license in another state, district, or territory of the United States in the profession for which you seek licensure, provide the following to meet the requirements for expedited processing of your application and waiver of your application fee:

- A copy of your current license in another state, district, or territory of the United States documenting the profession or vocation for which you seek licensure from the Board.
- A copy of the marriage certificate, certified declaration/registration of domestic partnership, or other evidence of legal union.
- A copy of your spouse or partner's military orders establishing duty station in California.

C. **Military Veteran:** If you previously served as an active duty member of the U.S. Armed Forces and were honorably discharged, attach a copy of your DD214 (indicating you were honorably discharged) to qualify for expedited processing of your application.

REFUGEE EXPEDITE: The Board will expedite review of an application as explained in A through C below. Include with your application one of the appropriate supporting documents (listed under acceptable documentation) as evidence you qualify for your application to be expedited.

A. Refugee pursuant to section 1157 of title 8 of the United States Code;
B. Refugee granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of title 8 of the United States Code; or,
C. Refugee with a special immigrant visa that has been granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8.

ACCEPTABLE DOCUMENTATION

- ✓ Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- ✓ Special immigrant visa that includes the of "SI" or "SQ."
- ✓ Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- ✓ An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

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DESIGNATED REPRESENTATIVE-WHOLESALER LICENSE APPLICATION

Read the application instructions prior to completing the application. Failure to provide the requested information may result in the application being considered incomplete.

ATTACH A COLOR PASSPORT STYLE 2"X2" PHOTO TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION

MILITARY EXPEDITE (Check one, if applicable)
☐ Active Duty Military
☐ Active Duty Military Spouse or Domestic Partner
☐ Veteran

REFUGEE EXPEDITE (Check one, if applicable)
☐ Refugee pursuant to section 1157 of title 8 of the United States Code.
☐ Refugee granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of title 8 of the United States Code.
☐ Refugee with a special immigrant visa that has been granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8.

1. APPLICANT INFORMATION - Type or print in blue or black ink.

_____ _____ _____
Full Legal Name - Last Name First Name Middle Name

_____
Previous Names (AKA, Maiden Name, Alias, etc.)

_____
Public Address of Record - Street City State Zip Code

_____
Residence Address - Street City State Zip Code

_____ _____ _____
Home/Cell # Work # Email Address

_____ _____
Date of Birth (Month/Day/Year) US Social Security # or Individual Tax ID #

THIS SECTION IS FOR BOARD USE ONLY

App Fee: ____ 1st Enf. Check: ____ Photo: ____ ED: ____ Exp ____ Traininig: ____ Lic Check: _____	Qualify Code: _____ FP Cards Fees/Live Scan: DOJ Date: _____ FBI Date: _____ 1LR by: _____Date: _____	License #: _____ Date issued: _____ Date expires: _____ Issued By: _____	Receipt #: _____ Date Cashiered: _____ Amount: _____

APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets of paper if necessary)

2. MANDATORY EDUCATION

Check one to identify how you meet the mandatory education requirement. Include with the application the required supporting document as specified in the application instructions.

- ☐ **High school graduate or foreign equivalent.**
- ☐ **Possess a general education development certificate equivalent.**
- ☐ **Earned a degree from an accredited postsecondary institution.**

3. EXPERIENCE

Check one to identify how you meet the experience requirement to qualify for a designated representative-wholesaler license. Include with the application the required supporting document as specified in the application instructions.

- ☐ **PAID WORK EXPERIENCE:** I have a minimum of one year of paid work experience in a licensed pharmacy, or with a drug wholesaler, drug distributor, or drug manufacturer, in the past three years, related to the distribution or dispensing of dangerous drugs or dangerous devices.
- ☐ **PHARMACIST EXAMINATION:** I meet all the prerequisites to take the examination required for licensure as a pharmacist by the Board.

4. DESIGNATED REPRESENTATIVE-WHOLESALER TRAINING

Check to identify you completed the required training to qualify for a designated representative-wholesaler license. Include with the application the required supporting document as specified in the application instructions.

- ☐ I have completed the required training.

5. LICENSE INFORMATION

Are you currently or have you previously been licensed in California or any other state, jurisdiction, territory, or country as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional (including, without limitation, any healthcare professional authorized to prescribe [*e.g.*, physician, dentist, optometrist, podiatrist, veterinarian, nurse practitioner, physician assistant, etc.])

- ☐ **Yes,** list all licenses for all state(s), including California.
- ☐ **No**

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

6. OWNERSHIP INFORMATION

Do you have or have you had any direct or indirect beneficial interest in, or do you have or have you 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 resident and/or nonresident pharmacy, clinic, wholesaler, third-party logistics provider, or outsourcing facility licensed in California or any other state, jurisdiction, territory, or country?

- ☐ **Yes,** list all current and past licenses below.
- ☐ **No**

Name of Facility	License Type and Number	State Issued

7. DISCIPLINARY HISTORY

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, and date of action, and identify the state, jurisdiction, territory, or country.

A. Have you ever (1) had an application for any professional or vocational license or registration denied, or (2) had any professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

☐ **Yes,** list below and provide a signed and dated statement of explanation.

☐ **No**

State	Type of Application/ License	License Number	Active/Inactive	Issued Date	Expired Date

B. Do you have or have you had any direct or indirect beneficial interest in, or do you have or have you 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 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,** list all current and past licenses below.

☐ **No**

Name of Facility	License Type and Number	State Issued

8. PRACTICE LIMITATIONS OR IMPAIRMENT

Are you currently suffering from any condition (including, without limitation, substance use disorder) for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner?

☐ **Yes,** attach a statement of explanation.

☐ **No**

9. APPLICANT ADVISEMENTS AND AFFIDAVIT

All items of information requested in this application are mandatory. Failure to provide any of the requested information may result in the application being deemed incomplete and a deficiency notice being issued. An applicant who fails to complete all application requirements within 60 days after being notified by the Board of deficiencies in their file 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. (Cal. Code Regs., tit.16, §1706.2(b).)

Collection and Use of Personal Information. The California State Board of Pharmacy of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code, section 30 and chapter 9 of division 2, and California Code of Regulations, title 16, division 17 and the Information Practices Act (Civil Code sections 1798-1798.78). The California State Board of Pharmacy uses this information, in accordance with DCA's Privacy Policy, principally to identify and

evaluate applicants for licensure, to issue and renew licenses, and to enforce licensing standards set by law and regulation.

Access to Personal Information. You may review the records maintained by the California State Board of Pharmacy that contain your personal information, as permitted by the Information Practices Act. The official responsible for maintaining records is the Executive Officer at the Board's address listed on the application. Each individual has the right to review the files or records maintained by the Board to the extent permitted by law.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code sections 7920.000-7931.000), as allowed by the Information Practices Act;
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant

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.

Mandatory Reporter Under California law, each person licensed by the California State Board of Pharmacy is a "mandated reporter" under both child and elder abuse or neglect laws. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 or Welfare and Institutions Code section 15630(b)(1), as applicable (generally law enforcement, state and/or county adult protective services agencies, etc.), whenever the mandated reporter, in the licensee's professional capacity or within the scope of the licensee's employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect. The mandated reporter must make an initial report immediately or as soon as practicably possible and must send a written report within a specified timeframe thereafter. Failure to comply with the requirements of the laws referenced above is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars ($1,000), or by both that imprisonment and fine. For further details about these requirements, refer to Penal Code section 11164 et seq. and Welfare and Institutions Code section 15630 et seq.

APPLICANT AFFIDAVIT

Must be signed and dated by the applicant. Must be received by the Board within 60 days of signing. Provide an original dated signature, or a digital signature that complies with Cal. Code Regs, tit.16, § 1700.

I, _____, hereby attest to the fact that I am the
(Print Full Legal Name)

applicant whose signature appears below. I hereby certify to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements. I understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

_____ _____
Signature of Applicant Date

Helpful Reminders

- **Required Additional Application Documents to Submit With Your Application:** Include the required documents as specified in the application instructions.
- **If Applicable, Additional Application Documents to Submit With Your Application**: Include the documents as specified in the application instructions, as applicable.

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AUTHORIZATION TO RELEASE APPLICANT INFORMATION

(Optional)

The board will only disclose information pertaining to an application directly to the applicant. In order for the board to discuss the status of this application with another individual, the applicant must authorize the board in writing to discuss the application status with his or her authorized representative.

Giving consent for the board to disclose application information will authorize the board to disclose all personal 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 denied 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 the applicant, I hereby give the board consent to communicate to the individual listed below.

I, _____, hereby give consent to
Print Name of Applicant

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

_____ _____ _____
Name Telephone Number Email Address

_____
Mailing Address – Street City State Zip Code

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

_____ _____
Original Signature of Applicant Date

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DESIGNATED REPRESENTATIVE-WHOLESALER EXPERIENCE AFFIDAVIT

TO BE COMPLETED BY THE PERSON HAVING DIRECT KNOWLEDGE OF APPLICANT'S PAID WORK EXPERIENCE.

The individual applying for licensure as a designated representative in California must have a minimum of one year of paid work experience in a licensed pharmacy, drug wholesaler, drug distributor, or drug manufacturer, in the past three years, related to the distribution or dispensing of dangerous drugs or dangerous devices pursuant to California Business and Professions Code section 4053. Dangerous drugs and devices are defined in Business and Professions Code section 4022.

Work Experience: To be completed by the person having direct knowledge of the applicant's PAID work experience. The applicant may not verify his/her own experience. Please provide the exact dates of experience by month, day, year.

_____

Applicant's Full Name

Date of Work Experience: To: _____ **From:** _____ _____

Month/Date/Year Month/Date/Year # Months/Years of Work

Work Experience Location

_____ _____

Name of Company/Employer License Number: Pharmacy, Wholesaler, Drug Distributor, or Manufacturer

_____

Address - Street City State Zip Code

I certify under penalty of perjury under the laws of the State of California that all statements given on this form herein are true, and that to the best of my knowledge the experience gained by this applicant meets the requirements as required by law. I further certify that the license listed above under the work experience location of this form was not revoked, suspended, or on probation in the state during the time the work experience was gained. I understand that an application may be denied, or any license disciplined, for fraud or misrepresentation.

_____ _____

Printed Name of Person having Direct Knowledge of Applicant's Paid Work Experience Title

_____ _____

Original Signature of Person having Direct Knowledge of Applicant's Paid Work Experience Date

_____ _____

Telephone Number Email Address

California State Board of Pharmacy
2720 Gateway Oaks, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

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

DESIGNATED REPRESENTATIVE-WHOLESALER TRAINING AFFIDAVIT

TO BE COMPLETED BY THE PERSON HAVING DIRECT KNOWLEDGE OF APPLICANT'S TRAINING

The individual applying for a designated representative license in California has completed an approved training program required by Section 4053(b)(3) of the California Business and Professions Code that addressed, at a minimum:

A. Knowledge and understanding of California and federal laws regarding the distribution of dangerous drugs and dangerous devices;
B. Knowledge and understanding of California and federal laws regarding the distribution of controlled substances;
C. Knowledge and understanding of quality control systems;
D. Knowledge and understanding of United States Pharmacopoeia standards for the safe storage and handling of drugs; and
E. Knowledge and understanding of prescription terminology, abbreviations, dosages and format.

Training: To be completed by the person having direct knowledge of the applicant's training. The applicant may not verify his/her own training. Please provide the exact dates of training by month, day, year.

_____
Applicant's Full Name

Date of Training: To: _____ **From:** _____ _____
Month/Date/Year Month/Date/Year # Training of Training Hours/Years

Training Program: The name and location of where the approved training program was completed.

_____ _____
Name of Training Program If applicable, license number

_____
Address - Street City State Zip Code

I certify under penalty of perjury under the laws of the State of California that all statements given on this form herein are true, and that to the best of my knowledge the training gained by this applicant meets the requirements as required by law. I understand that an application may be denied, or any license disciplined, for fraud or misrepresentation.

_____ _____
Printed Name of Person having Direct Knowledge of Applicant's Training Title

_____ _____
Original Signature of Person having Direct Knowledge of Applicant's Training Date

_____ _____
Telephone Number Email Address

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VERIFICATION OF LICENSE IN ANOTHER STATE

This form must be completed by the licensing agency in each state you hold or held an individual license (e.g. pharmacist, intern pharmacist, pharmacy technician, designated representative, and/or another healthcare professional license) even if the license is no longer current or active. Please return the original state-verified form with your application for each license type. Photocopies or faxes will not be accepted.

Intern hours and licensure earned in another state may be certified by the licensing agency in each state you earned your intern hours or license on this form.

The licensee listed on this form has applied for a license in California. Before further consideration is given to this application, the California State Board of Pharmacy would appreciate your assistance in completing the information requested below. Upon completion of this form, please return it to the applicant for submission with the application.

Completed by Licensee _____ _____
Licensee's Full Name License Number

Completed by the State Licensing Board or Agency Verifying Licensure

Licensure Verification Provided by the State of	License Type and License Number	Issued Date	Expiration Date	Intern Hours Earned in this State under this Intern License

License Status (Please check one) – Active ☐ Inactive ☐ Other ☐ If other, please explain
_____

Has this agency taken any disciplinary action against this license? Yes ☐ No ☐

If disciplinary action has been taken against this licensee, please directly provide this office with the accusation/proposed charges and decision/final order regarding the action.

I hereby certify the information listed above is true and correct.

_____
Printed Name

Board Seal

_____
Signature

_____
Title Date

California State Board of Pharmacy
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FINGERPRINTING REQUIREMENTS AND LIVE SCAN INSTRUCTIONS

BRING THESE INSTRUCTIONS WITH YOU TO THE LIVE SCAN AGENCY.
THE LIVE SCAN OPERATOR MUST ENTER THE INFORMATION PROVIDED IN STEP 1 BELOW.
FAILURE TO INCLUDE THE BOARD OF PHARAMCY INFORMATION ON THE LIVE SCAN FORM MAY RESULT IN THE INDIVIDUAL HAVING TO COMPLETE THE LIVE SCAN PROCESS AGAIN.

FINGERPRINT REQUIREMENT: All license, registration, and permit applicants and holders must furnish a full set of fingerprints for purposes of conducting federal and state criminal history record checks through the Department of Justice (DOJ). (Bus. & Prof. Code, § 144; 16 CCR § 2010.05.) Licensure, registration, and permits are subject to denial, suspension, or revocation based upon an applicant's or licensee's conviction of a crime. (Bus. & Prof. Code §§ 475-490, 4836.2, 4837, 4842, 4883, 4885.)

Fingerprints must be submitted to the DOJ electronically via Live Scan. (Pen. Code, § 11077.1.) Live Scan is a system for the electronic submission of fingerprints. The DOJ has limited statutory authority to issue an exemption to this mandate if an electronic transmission site is regionally unavailable. For more information on how to request an exemption, visit the Attorney General's Office web site at https://oag.ca.gov/fingerprints and download the BCII 9004 - Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement form.

LIVE SCAN INSTRUCITONS: STEP 1 - COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS FOLLOWS:

- **ORI:** Enter **"A0071".** This is the unique agency code for the Board of Pharmacy.
- **Authorized Applicant type:** Enter "**License/Cert/Permit**".
- **Type of License/Certification/Permit OR Working Title:** Enter **"Desig. Rep - Section 4305.5".** This is unique for the specific application for license.
- **Agency Authorized to Receive Criminal Record Information:** Enter **"Board of Pharmacy".**
- **Mail Code:** Enter **"05712"**. This is the unique five-digit code assigned by the DOJ for the Board of Pharmacy.
- **Street Address, City, State, and Zip Code:** Enter **"2720 Gateway Oaks Drive, Suite 100, Sacramento CA 95833"**.
- **Contact Telephone Number:** Enter **"(916) 518-3100".**
- **Name of Applicant:** Enter your Legal Last Name, Legal First Name, and Middle Name. Do not use initials or name abbreviations.
- **Alias:** Enter all other names you have used, including your maiden name. If none, leave this section blank.
- **Driver's License No.** Enter your Driver's License Number, including the State.
- **DOB:** Enter your date of birth (month/day/year).
- **Sex:** Enter your gender.
- **Height:** Enter your height in feet and inches.
- **Weight:** Enter your weight in pounds.
- **Eye Color:** Enter the color of your eyes.
- **Hair Color:** Enter the color of your hair.
- **Billing Number:** Leave this section blank. Applicant is responsible for paying all fees associated with fingerprinting.
- **Place of Birth:** Enter your place of birth (City and State, or Country).
- **SSN:** Enter your Social Security Number. This is **MANDORTY** for the Board of Pharmacy.
- **Misc. Number:** Enter any other identification number and type. If none, leave this section blank.
- **Home Address, City, State, and Zip Code:** Enter your home address information into the applicable sections.
- **Level of Service: Mark BOTH DOJ and FBI**. You are required to have both DOJ and FBI level of service complete.
- **Employer:** This information is not required.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City | State: CA | ZIP Code

Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name | First Name | Suffix

Date of Birth

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) | Social Security Number

Misc. Number (Other Identification Number)

Home Address: Street Address or P.O. Box | City | State: CA | ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature | Date

Your Number: OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City | State: CA | ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov,** or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. [2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. [3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks.

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[1] Written notification includes electronic notification, but excludes oral notification

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 28 CFR 50.12(b)

[4] See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)