



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GAVIN NEWSOM, GOVERNOR

Request for Renewal of Sterile Compounding and Hospital-in-Patient Sterile Compounding Pharmacy License

Complete the renewal application form and submit a check or money order made payable to the California State Board of Pharmacy. Failure to complete the renewal application in its entirety may result in the license not being considered for renewal. The information will be used to determine qualifications for licensure under the California Pharmacy Law. Failure to renew the license within 60 days after its expiration date, the license will be cancelled. (Business and Professions Code section 4402(e)) Once the license is cancelled, a new application must be submitted including all documents and meet all requirements in effect at the time of reapplication. It is a violation of pharmacy law to operate this premise without an active, valid license.

- **Renewal Fees:** \$1,325 if submitting before the expiration date, or
- **Renewal plus Delinquency Fees:** \$1,475 (\$1,325 renewal fee plus \$150.00 delinquency fee) if the license has expired.
- If Government Owned (Fee Exempt) complete the renewal form and check the box Fee Exempt.

Mail the renewal form and payment to:

California State Board of Pharmacy, 1625 N. Market Blvd. N219, Sacramento, CA 95834

RENEWAL APPLICATION INSTRUCTIONS

1. Check the box "YES" if, since the last renewal, the pharmacy has had any disciplinary action taken by any government agency. For the purposes of this section, "disciplinary action" means any adverse licensure or certification action that resulted in a restriction or penalty being placed on the license or certification, including revocation, suspension, probation or public reprimand or reproval.

Check the box "NO" if, since the last renewal, the pharmacy has not been disciplined by another government agency.

A change of ownership and/or change of physical location of a pharmacy requires a new application and must be submitted PRIOR to the change occurring. Whenever a change of ownership occurs, either a temporary permit will need to be pursued or operation must stop until the entity is appropriately licensed by the board. New license numbers are issued for changes of ownership and for changes of location. The pharmacy application is available on the board's website.

Submit a Change of Permit application (17A-12), to notify the board of a change in corporate officers, shareholders or when there has been a transfer of beneficial interest of 10%-49%. A Change of Pharmacist-in-Charge application (17A-14) must be submitted to notify the board of a change in PIC. These changes must be reported to the board within 30 days of the change, separately from this renewal application. Applications are available on the board's website.

Email Requirement: Any facility licensed by the board is required to join the board's email notification list within 60 days of the issuance of a license or at the time of license renewal. A facility must also update the email address with the board's list 30 days of a change (Business and Professions Code section 4013). You must join the board's email notification list from the board's website at www.pharmacy.ca.gov

All items of information requested are mandatory. Failure to provide any of the information will result in the request for renewal being rejected as incomplete. 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, telephone (916) 574-7900, 1625 N. Market Blvd, Suite N219, Sacramento, California 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.

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.



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Hospital-in-Patient Sterile Compounding Pharmacy License**

Fee Exempt

Name of Sterile Compounding Pharmacy:	License Number:	Expire Date:
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Address:	Telephone Number:
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PLEASE READ THE INSTRUCTIONS BEFORE ANSWERING

1. Has this pharmacy been disciplined by any government agency since the last renewal? YES NO

List the names of the corporate officer(s), partners, and shareholder(s) along with their ownership percentage of the pharmacy.

Print Name	Title	% Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am the pharmacist serving as the Pharmacist-in-Charge at this pharmacy.

Signature	Print Name	License #	Date
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The renewal application must be signed by the owner, if an individual ownership; a partner, if a partnership; or corporate officer, if a corporation. I hereby certify and affirm under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations in this application, are true and correct.

Signature	Print Name	Date
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