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

Renewal Application of a Pharmacy/Nonresident 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**: $671 ($665 renewal fee plus $6 CURES fee) if submitting before the expiration date, or
- **Renewal plus Delinquency Fees:** $821 ($665 renewal fee, $6 CURES fee, plus $150 delinquency fee) if the license has expired.
- If Government Owned (Fee Exempt) complete the renewal application form and check the box Fee Exempt

CURES Requirement: A pharmacy license is assessed $6 at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). (Business and Professions Code section 208)

Mail the renewal form and payment to:
California State Board of Pharmacy, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

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.
2. If the pharmacy provides a prescription drug take-back collection receptacle, it must notify the board of the location within 30 days of establishing or discontinuing the collection receptacle. As a condition of renewal, include a list of where the collection receptacles are located. (Title 16, California Code of Regulations section 1776.1(i)).
3. Identify the name and license number of the pharmacist-in-charge.
4. The renewal application shall identify the owner, if an individual ownership; partners, if a partnership; corporate officer(s), if a corporation; or trustee(s), if a trust; and is on record with the board for this license.
5. Nonresident Pharmacy: A nonresident pharmacy shall maintain at all times a valid, unexpired license to conduct the pharmacy in compliance with the laws of the state in which it is a resident. A nonresident pharmacy shall report its agent for service of process in this state.

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.

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

A change of ownership and/or change of physical location of a pharmacy license requires a new application and must be submitted PRIOR to the change occurring. Whenever a change of ownership occurs, either a temporary license 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-52), to notify the board of a change in executive officers, shareholders or when there has been a transfer of beneficial interest of 10%-49%. A Pharmacist-In-Charge (PIC) 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.

California Pharmacist Scholarship Fund and Loan Repayment Program: This program has been established to pay for the educational expense of pharmacy students and repay qualifying educational loans of pharmacists who agree to participate in medically underserved areas. The Office of Statewide Health Planning and Development will implement and administer the program. Voluntary $25 contributions may be made by pharmacists and pharmacies at the time of license renewal. If you would like to contribute, please indicate by marking the box on the renewal application and include the $25 with the renewal fee.

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.

Failure to provide all of the information required by law 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. The official responsible for information maintenance is the Executive Officer, telephone (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. An 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.

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

Renewal Application of a Pharmacy/Nonresident Pharmacy License

_____ Fee Exempt (Government Owned)

I wish to contribute to the pharmacist scholarship fund and have included $25 with my renewal fee. ___Yes___ No

_____
Name of Pharmacy License Number Expiration Date

_____
Address City State Zip Code

_____
Telephone Number Email Address

PLEASE READ THE INSTRUCTIONS BEFORE ANSWERING

1. Has this pharmacy been disciplined by any government agency since the last renewal? ____YES ____NO
   If yes, please attach copies of the documents.
2. Does this pharmacy provide drug take-back collection receptacles? ____YES ____NO
   If yes, as a condition of renewal, include a list of where the collection receptacles are located?
3. List the name of the Pharmacist-in-Charge.
   _____ _____
   Name of Pharmacist-in-Charge License Number
4. List the names of the owner, executive or corporate officer(s), partners, trustee(s), and shareholder(s) of the pharmacy.

Print Name and Title Print Name and Title

_____ _____

_____ _____

_____ _____

5. **Nonresident Pharmacy**
   - Does this facility hold a valid, unexpired license to conduct the pharmacy in compliance with the laws of the state in which it is a resident? ____ YES ____ NO
   - As a nonresident pharmacy, please list the agent for service of process in California.

_____
Print Name of Agent for Service Address City State Zip Code

The person signing below has the authority to bind the pharmacy and is on record as an owner/officer with the board for this license. The renewal application must be signed by the owner, if an individual ownership; a partner, if a partnership; corporate officer, if a corporation, or trustee, if a trust. 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