



**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



**REQUEST FOR ACCOMMODATION OF DISABILITIES/CONDITIONS FOR THE CPJE**

The California State Board of Pharmacy (Board) will provide “reasonable accommodations” to applicants with disabilities and medical conditions, as defined by law. If you wish to request an accommodation for the California Pharmacist Jurisprudence Examination (CPJE), please read the Policies and Procedures (17M-93) thoroughly before completing this request. This form (17A-78) must be submitted with the examination application or at least **30 days** prior to taking the examination. Upon receipt of the required information, the request will be considered, and you will be notified by email the Board’s decision. PSI will contact you directly to schedule your examination once accommodations are approved. Accommodations will not be provided at the examination site unless prior approval by the Board has been granted. Visit the National Association of Boards of Pharmacy (NABP) website at <https://nabp.pharmacy/> for information on reasonable accommodation for the NAPLEX.

**Applicant Information** (Please Print or Type)

Full Legal Name		US Social Security Number or ITIN		
*Official Mailing/Public Address of Record – Street/PO Box		City	State	Zip Code
Residence Address – Street		City	State	Zip Code
Telephone Number	Email Address			

- Describe your type of disability (e.g., physical, mental, etc.) and how this disability limits one or more of your major life activities. You need not answer this question if your request is based on a medical condition as defined in Government Code section 12926, subdivision (h).  
 \_\_\_\_\_  
 \_\_\_\_\_
- What is the nature and extent of the disability or condition (e.g., hearing impaired, dyslexic, etc.)?  
 \_\_\_\_\_
- When were you first diagnosed with this disability or condition?  
 \_\_\_\_\_
- Describe your treatment for this disability or condition (e.g., medication management-provide dose and effect medication has on the disability, physical therapy, hearing aids, magnifying equipment, psychotherapy).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Describe the accommodation requested, given the format of the examination.

---

---

6. Describe any past accommodations you have received for this disability or condition. For what purpose or examination were the accommodations provided for you and who evaluated you for purposes of receiving the accommodation?

---

---

---

Provide the Board written substantiation of your disability or condition (as described in section III of the Board's policies and procedures for reasonable accommodation) supporting the accommodations you are requesting. The Board will not pay any costs you may incur in obtaining the required documentation. However, it will pay for any accommodations that are made for you. This information is considered to be confidential and will be divulged only as permitted or required by law.

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 this application, including all supplementary statements.

---

Original Signature of Applicant

Date

If you have any questions, you may contact the Board at [intern-examstatus@dca.ca.gov](mailto:intern-examstatus@dca.ca.gov). Applicants have the right to review their records, subject to the provisions of the Information Practices Act.