



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 Surgical Clinic License

Complete the renewal application form and submit a check or money order made payable to the California State Board of Pharmacy (Board). 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, may result in the cancellation of the license. (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 utilize a clinic license without an active, valid license.

- **Renewal Fees:** \$415 (\$400 renewal fee plus \$15 CURES fee) if submitting before the expiration date, or
- **Renewal plus Delinquency Fees:** \$565 (\$400 renewal fee, \$15 CURES fee, plus \$150.00 delinquency fee) if the license has expired.

CURES Requirement: A clinic license is assessed \$15 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

For Surgical Clinics: Every odd-numbered year, the most recent self-assessment form completed as provided in section 4192 of the Business and Professions code must be sent to the Board. A copy of the assessment can be emailed to: Surgicalclinicselfassessment@dca.ca.gov or mailed to: 2720 Gateway Oaks Dr, Suite 100, Sacramento, CA 95833. (Business and Professions Code 4204(c).)

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. In addition, a facility is required to update the email address with the Board email notification list and license record within 30 days of a change (Business and Professions Code section 4013). To join the Board's email notification list, visit the Board's website at www.pharmacy.ca.gov.

A change of ownership and/or change of physical location of a Clinic license requires a new application and must be submitted PRIOR to the change occurring. Whenever a change of ownership or location occurs the clinic license is no longer a valid license. until the new owners or location is appropriately licensed by the Board. New license numbers are issued for changes of ownership and for changes of location. The clinic application is available on the board's website at www.pharmacy.ca.gov.

Submit a Change of Permit application (17A-118), to notify the Board of a change in officers/shareholders, professional director, administrator, consulting pharmacist, or when there has been a transfer of beneficial interest of 10%-49%.

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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Name of Clinic	License Number	Expiration Date	
Address	City	State	Zip Code
Telephone Number	Email Address		

Identify the Professional Director and Consulting Pharmacist as defined in Chapter 9, Division 2, Article 13.

Print Name of Professional Director

I, _____ (print name of Consulting Pharmacist), certify that the clinic complies with the requirements regarding quarterly inspections set forth in section 4192 of the Business and Professions Code.

Signature of Consulting Pharmacist	Email Address	Date
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The renewal application must be signed by a person who has the authority to bind the license and is listed on the license record.

I hereby certify and affirm under penalty of perjury, under the laws of the State of California, that this Clinic license is in compliance with Chapter 9, Division 2, Articles 14, and all statements, answers, and representations in this application are true and correct.

Signature	Print Name	Date
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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. 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.