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



INSTRUCTIONS FOR (OPTIONAL) APPLICATION FOR A TEMPORARY STERILE COMPOUNDING / NONRESIDENT STERILE COMPOUNDING PHARMACY LICENSE

(BPC § 4127.7)

A temporary license may be requested when needed to protect public safety. **This is not an application to sterile compound in a temporary area during construction.** A temporary license may be issued for a period not to exceed 180 days and may be issued subject to terms and conditions the Board deems necessary.

A temporary license to compound sterile drug products may not be issued or renewed until the location is inspected by the Board and found to be in compliance with the Business and Professions Code and regulations adopted by the Board.

A temporary license application is not required to apply for a Sterile Compounding Pharmacy or Nonresident Sterile Compounding Pharmacy license. An application for a temporary license will be evaluated in conjunction with the review of the Sterile Compounding Pharmacy or Nonresident Sterile Compounding Pharmacy application. Submission of a temporary license application does not guarantee issuance of a temporary license.

If the Board determines a temporary license was issued by mistake or denies the application for a permanent license or registration, the temporary license or registration shall terminate.

To apply for a temporary resident / nonresident sterile compounding license, please submit the following to assist with the facilitation of the Board's review:

- 1. Temporary License Fee \$715: Include a check or money order for \$715.00 made payable to the California State Board of Pharmacy. <u>This fee is nonrefundable.</u>
- 2. Application for A Temporary License Sterile Compounding Pharmacy / Nonresident Sterile Compounding Pharmacy License Application (17A-116): Complete this entire application and submit with original signatures.
- 3. Sterile Compounding Pharmacy Application (17A-48) or Nonresident Sterile Compounding Pharmacy Application (17A-50): Complete the entire application and submit with original signatures.
 - Application Processing Fee for Sterile Compounding Pharmacy is \$2,305.00.
 - Application Processing Fee for Nonresident Sterile Compounding is \$3,335.00. Include a check or money order made payable to the California State Board of Pharmacy. <u>This fee is</u> <u>nonrefundable</u>.
- 4. Temporary License Explanation Letter: This is not a letter requesting to temporarily compound in a new area during construction. Please include a written statement signed by the owner/partner/officer/member that clearly explains why it is in the best interest of the public that the Board should issue the facility a temporary license. Please include the pharmacy name, address, and

license number where applicable. (Not needed for Change of Ownership or Change of Location applications).

Note: Requirements listed on the Sterile Compounding Pharmacy Application (17A-4) or Nonresident Sterile Compounding Pharmacy Application (17A-57) must be met prior to full licensure.

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APPLICATION FOR A TEMPORARY LICENSE (Max 180 days) STERILE COMPOUNDING / NONRESIDENT STERILE COMPOUNDING PHARMACY LICENSE

Pursuant to Business and Professions (BPC) § 4127.7, you may use this application to apply for a temporary license in conjunction with a complete Sterile Compounding Pharmacy License Application (17A-48) or Nonresident Sterile Compounding Pharmacy License Application (17A-50).

Statements made on this document incorporate it by reference and supplement the Sterile Compounding Pharmacy License Application (17A-48) or Nonresident Sterile Compounding Pharmacy License Application (17A-50).

Applicant Information (Name of Sterile Compounding Pharmacy cannot exceed 65 characters including spaces)

Name of Sterile Compounding Pharmacy				
Address of Sterile Compounding Pharmacy	Street	City	State	Zip Code
Email Address of Sterile Compounding	 Telephone Num	hber	Anticipated Opening I	Date

1. Has there been a change of ownership or a relocation of the pharmacy? If yes, in addition to these temporary application requirements, a temporary application for the primary pharmacy must be submitted along with all the required documentation identified in the instructions for the appropriate primary application.

____Yes ____No

2. Have you or the applicant business ever been found to be in violation, or charged with, any violation of any provision of pharmacy law, in California or any other jurisdiction? If yes, please include the state or other jurisdiction, disciplinary case or citation number, and a written summary of the violation(s).

____ Yes ____ No

Have you or the applicant ever been convicted of a felony?
Yes ____ No

For Board Use ONLY			Date Cashiered:	
Date Processed:	Date Issued:		_ Cashiering #:	
Processed by:	Issued by:		_ Amount Received:	
17A-116 (Rev 4/2020)		1 of 2		

4. Has any person serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of the applicant been notified that he or she is not eligible to serve in such capacity?

____ Yes ____ No

Signature Block

By my signature below, I represent that: (1) I am a person authorized to act for and bind the applicant; (2) I have read the foregoing application, including any supplemental statements, know its contents, and declare that each and every statement made in this application is true; and (3) I understand that falsification of any information on this application may be grounds for denial or revocation of the license.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Proposed PIC	Name (please print)	Title	Date
Signature of Owner/Officer/Partner	Name (please print)	Title	Date