



**California State Board of Pharmacy**  
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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## **LICENSING COMMITTEE REPORT**

### **July 18, 2022**

Seung Oh, Licensee Member, Chairperson  
Jignesh Patel, Licensee Member, Vice-Chairperson  
Indira Cameron-Banks, Public Member  
Jessica Crowley, Licensee Member  
Jason Weisz, Public Member

#### **I. Call to Order and Establishment of Quorum**

#### **II. Public Comment for Items Not on the Agenda, Matters for Future Meetings**

\*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a).)

#### **III. Approval of the April 19, 2022, Licensing Committee Meeting Minutes**

**Attachment 1** includes the draft minutes from the April 19, 2022, meeting.

#### **IV. Discussion and Consideration of Business and Professions Code (BPC) section 4111 Related to Ownership Prohibitions of Pharmacy Licensure Including Possible Changes**

##### Relevant Law

BPC Section 4111 provides that the Board shall not issue or renew a license to conduct a pharmacy to:

1. An individual authorized to prescribe
2. A person who shares a community or other financial interest with a prescriber.
3. Any corporation that is controlled by, or in which 10 percent or more of the stock is owned by a person or persons prohibited from pharmacy ownership.

This section further specifies that the Board may require any information reasonably necessary for the enforcement of this section.

##### Background

California is a community property state. This means that generally property acquired by either spouse during a marriage is presumed to be equally owned by both spouses. There are some exceptions, such as prenuptial agreements, where property acquired may not be community property depending on the agreement of the parties to a valid prenuptial agreement. However, the existence of a prenuptial agreement in of itself may or may not remedy the financial interest that each spouse

has in the other's businesses. For example, the money earned by one spouse in their pharmacy would likely be used to support the home, family, or lifestyle of the couple. Therefore, while there may be no specific community property interest as defined in the Family Code, there may still be a community or financial interest that would apply under this code section.

As part of the application process for a pharmacy, the Board requires disclosure of ownership information. To confirm compliance with the above provisions, the Board requests information specifically related to officers and owners of individuals authorized to prescribe in California.

Historically as part of the application process, if an applicant disclosed a familial relationship with a prescriber, the Board would inquire about the nature of the relationship to confirm compliance with Pharmacy Law prior to making a licensing decision. For a number of years, the Board accepted representations from the applicant that the prescriber did not have any financial or community interest in the pharmacy. Unfortunately, this was something of a shallow view of the law and failed to take into account the realities of family life, the requirement of the Family Code that spouses owe a duty of care towards each other, and the conflicts of interest that the statute was designed to protect.

As the Board's application and assessment process evolved, most notably in response to changes in the ownership assessment process, Board staff began looking deeper into the financial arrangements between the applicant spouse and the prescriber spouse and came to the realization and understanding that the pre- or post-nuptial agreements would not necessarily resolve the issue of having a community or financial interest in the pharmacy.

The sole focus on the financial aspects of the property does not take into account policy considerations such as financial incentives for a prescriber to direct prescriptions to their spouses' pharmacy, or pharmacists exercising their duty of corresponding responsibility and whether that duty would be impacted when reviewing a prescription written by a pharmacist's spouse of the spouse's practice group.

#### For Committee Consideration and Discussion

During the meeting members will have the opportunity to discuss this issue and consider if the current provisions of BPC section 4111 are appropriate, or if there is a means by which the legislative intent of the measure could remain intact, while creating flexibility for an otherwise authorized individual to own or operate a pharmacy.

Any change in the provisions, if deemed appropriate, will require a legislative change.

**Attachment 2** includes possible language that could be used to facilitate a change in the statute.

**V. Discussion, Consideration, and Possible Recommendation to the Board to Approve Draft Regulations to Implement Provisions of Assembly Bill 107 (Chapter 693, Statutes of 2021) Related to Requirements to Issue a Temporary License**

Relevant Law

BPC 115.6 requires specified boards to issue a temporary license to practice a profession under specified conditions:

1. The Board has completed an appropriate background check, which may include a criminal background check.
2. The applicant seeking the temporary license provides supporting documentation as specified.
3. The applicant passes a California law and ethics exam if otherwise required for an applicant seeking licensure.

Background

Related to this agenda item, AB 107 requires the Board to issue a temporary license to military spouses meeting specified criteria, within 30 days once all requirements have been met. As part of the implementation of the measure, the Board needs to promulgate regulations further defining the provisions for the temporary license, as the statute itself was not self-executing.

To assist Boards with regulation development, the Legal Affairs Division distributed draft template regulation language that could serve as a framework for the regulation.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to review draft regulation language that could be used to facilitate development of requirements for the temporary licensure.

As drafted, the Board would be requiring disclosure of an email address. This is a departure from other applications, where the email address is requested, but not required. It is recommended that the Board require an email address for temporary licenses to ensure timely communication with the applicant.

Further, the definition for “good standing” in the proposed draft differs from the Board’s definition provided in BPC section 4026.5. Specifically, the definition included in the draft language also includes information about pending complaints and unresolved matters. This expansion is consistent with the underlying statute and appears appropriate for this specific regulation.

**Attachment 3** includes a copy of the draft language. This language is currently undergoing review by regulation counsel. An update on the status of the review will be provided during the meeting.

**VI. Discussion and Consideration of Current Pharmacy Technician Authorized Duties, Current Pharmacist to Pharmacy Technician Ratio and Possible Changes**

### Relevant Law

[BPC 4038](#) provides the definition of a pharmacy technician as an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties.

[BPC 4115](#) specifies that a pharmacy technician may perform packaging, manipulative, repetitive or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist. This section provides authority that a pharmacy technician working in a licensed health care facility may also package emergency supplies; seal emergency containers; perform monthly checks of drug supplies stored throughout the facility. The section further provides that unless otherwise indicated, the ratio of pharmacists to pharmacy technicians is generally 1:1 for the first pharmacist in community pharmacy, with the ratio of each additional pharmacist becomes 1:2.

[BPC Section 4118.5](#) provides authority for a pharmacy technician to perform the task of obtaining an accurate medication profile or list for a high-risk patient under specified conditions.

[Title 16, CCR section 1793.2](#) identifies specific duties that may be performed by a pharmacy technician. Duties include:

- Removing the drug from stock
- Counting, pouring, or mixing pharmaceuticals
- Placing the product into a container
- Affixing labels to the container
- Packaging and repackaging

[Title 16, CCR Section 1793.7](#) further establishes a ratio of not less than one pharmacist on duty for a total of two pharmacy technicians on duty while performing specified functions in specified licensed health facilities.

[Title 16, CCR Section 1793.8](#) establishes the provisions for a general acute care hospital to establish program allowing a pharmacy technician to check the work on another pharmacy technician with the filling of floor and ward stock and unit dose distribution systems under specified conditions.

### Background

In preparation for the Committee's April Pharmacy Technician Summit, the Committee requested listening sessions to solicit feedback from pharmacists and pharmacy technicians on several items related to potential changes to authorized functions. In addition to the sessions, online surveys were also created to provide another means for pharmacists and pharmacy technicians to provide feedback.

Twelve listening sessions were convened over a five-week period including a combination of morning and evening sessions on various days of the week, and weekends. Chairperson Veale moderated the meetings. To standardize the information received, participants in the listening sessions were asked the same questions as those included in the online survey.

As part of the April Summit, the Committee reviewed the results of the information provided from pharmacy technicians and pharmacists and research in various related areas. The discussion covered various topics including:

- Possible new duties for pharmacy technicians
- Possible functions that would allow for supervision by another technician
- Perceptions of pharmacist oversight of pharmacy technicians
- Perceptions of training for pharmacy technicians
- Identification of the biggest challenges identified
- Perceptions for remote work by pharmacy technicians

### **Possible Duties**

After discussion and consideration of survey results and public comment, the committee appeared to reach consensus that the following duties may be appropriate to add to the authorized duties of a pharmacy technician:

1. Authority to administer vaccinations.
2. Authority to receive verbal prescriptions and transfers and accept clarifications on prescriptions.
3. Authority to perform some aspects of CLIA waived testing.

### **Possible functions that would allow for supervision by another technician**

After discussion and consideration of possible functions that would allow for supervision by another technician, the Committee did not reach consensus. Some members of the committee expressed support for the concept under specified conditions. Other members expressed concern with current working conditions as well as not feeling comfortable with technicians performing the final product verification. Comments from members of the public were similarly mixed with some comments in support of the ability of "tech check tech" model in community pharmacy, while other commenters expressing concern with such provisions.

### **Oversight**

There was also a mix in response related to oversight by pharmacists, with a significant number of pharmacists reporting they did not have adequate time to supervise pharmacy technicians. Pharmacy technicians however, responded with the majority appearing to believe they had sufficient oversight. As part of its prior discussion, the Committee noted that oversight requirements and ratios should be considered together.

### **Training**

Members considered the responses received regarding training and that a decision on possible changes to training requirements should be deferred until after decisions are made regarding changes in duties.

## Biggest Challenges

Many of the biggest challenges experienced by pharmacy technicians appear to be related to workload and staffing challenges. Others reported customer service issues as their biggest challenge or working with insurance.

## Remote Work

Most pharmacy technicians reported that they do not work remote; however, many respondents spoke in support of authority to do so, including in response to the question related to the possible expansion of duties. Benefits to working remote included personal wellness, cost savings, and better work-life balance. There did not appear to be a consistent theme regarding challenges with working remotely. The Committee did not reach consensus on the provisions for remote work.

## Ratios

During its last discussion, members noted, that although not included as a survey question, an increase in the ratio was a common response. Some members comments indicated that there does not appear to be a safety issue with increasing ratio and that an increase in the ratio would allow pharmacists to practice at a higher level. Some members indicated that if technician duties were going to expand to allow for administration of vaccines, it would be appropriate to increase the ratio. Public comment received also spoke in support of an increase in the ratio, while other comments suggested the Board should explore setting a minimum staffing level.

## For Committee Consideration and Discussion

During the meeting members will have the opportunity to continue its discussion on the issues identified. To assist with discussion, it may be appropriate to consider the following questions.

1. As there appears to be general agreement about potential expanded duties, is it appropriate to request that staff develop possible statutory language for future review by the Committee?
2. Should the expanded duties include authority to administer epinephrine as it relates to vaccines?
3. If administration of vaccines is included in the statutory proposal, should minimum training requirements be specified similar to the provisions of the current [DCA waiver](#)? **Note:** Under the waiver a pharmacy technician may only administer a vaccine if delegated by the supervising pharmacist. Further, the pharmacy technician must be certified in basic cardiopulmonary resuscitation and successfully completed at least six hours of a specified training program approved by the Accreditation Council for Pharmacy Education.
4. If administration of vaccines is included in the statutory proposal, should an increase in the ratio be specified similar to the provisions of the current [DCA waiver](#)? **Note:** Under the waiver pharmacists and pharmacy technicians

exclusively engaged in administering COVID-19 vaccines allow for no more than two pharmacy technicians working.

5. Are there other potential expanded duties where additional training requirements should be specified?
6. Should a PIC be required to authorize use of the expanded duties?
7. As part of its discussion on ratios, should the Committee consider if establishment of a ratio is appropriate for unlicensed individuals working in the pharmacy, e.g. clerk typists?

Additional information on prior discussion is contained in the draft minutes under **Attachment 1**.

## VII. Discussion and Consideration of Committee's Strategic Plan Objectives

### Background

The Board's [Strategic Plan 2022-2026](#) includes nine strategic objectives the guide the work of the Licensing Committee.

### For Committee Consideration and Discussion

During the meeting members will have the opportunity to review the strategic objectives and actions taken related to the objectives. It may be appropriate for the Committee to confirm if the strategic objectives remain appropriate. It may also be appropriate for the Committee to determine if there is a priority for the remaining objectives and additional actions it wishes to take related to objectives.

- 1.1 Evaluate, and change in appropriate, legal requirements for authorized duties that can occur outside of a pharmacy to reflect the dynamic nature of the practice of pharmacy.  
Status: The board sponsored legislation to make permanent provisions for remote work for pharmacists currently being performed via a broad waiver. The legislation was controversial and did not move forward.
- 1.2 Consider and pursue necessary changes in the law regarding various pharmacy practice settings to ensure variances in the practice are appropriate.
- 1.3 Explore, and pursue changes in law as appropriate, for authorized duties of a pharmacy technician and potential expansion based on other jurisdictions to expand authorized duties.  
Status: The Committee convened listening sessions and released surveys soliciting feedback from licensees on potential changes to pharmacy technician authorities. The Committee continues its evaluation of the results of the information received.
- 1.4 Determine if application requires for a pharmacist-in-charge (PIC) are appropriate to ensure sufficient knowledge, skills, and abilities for individuals seeking to serve as a PIC.  
Status: October 2021, Board approved development of regulations to establish minimum requirements for pharmacists seeking to serve as a PIC. Further, development of a training program is underway.

- 1.5 Engage with the California Division of Occupational Safety and Health (Cal/OSHA) on pharmacy working conditions to ensure sufficient resources and appropriate conditions exist to facilitate safe patient care.  
Status: The Medication Error Reduction and Workforce Committee continues its assessment of working conditions and medication errors.
- 1.6 Consider results, and change laws as appropriate, regarding the Office of Professional Examination Services audit of the California Multi-State Jurisprudence Pharmacy Examination and pharmacy law requirements to ensure exams are relevant.  
Status: January 2022, Board receives results of audit conducted by OPES, which concludes that OPES does not recommend use of the MPJE as it would be inconsistent with Business and Professions Code section 139.  
Status: Results of the audit performed by OPES was released
- 1.7 Decrease licensing processing items to improve customer service and support applicants and licensees.  
Status: July 1, 2022, Board secures authority to hire two additional staff to assist with the processing of site applications.
- 1.8 Streamline the licensing process to improve efficiency and staff performance.
- 1.9 Migrate the entire licensing process online to promote timeliness, reduce staff workload, and provide better customer service.  
Status: Business Process Mapping for cashiering and licensing related functions completed.

## VIII. Licensing Statistics

The final fiscal year statistics for fiscal year 2021/2022 and three-year comparison data is provided in **Attachment 4**.

As of June 30, 2022, the Board has received 14,550 initial applications, including:

- 1,534 intern pharmacists
- 3,995 pharmacist exam applications (2,135 new, 1,860 retake)
- 140 advanced practice pharmacists
- 5,478 pharmacy technicians
- 390 community pharmacy license applications (384 PHY - 93 chain, 291 nonchain, 5 PHE, 1 PHR)
- 67 sterile compounding pharmacy license applications (60 LSC, 7 LSE, 0 SCP, 0 SCE)
- 142 nonresident pharmacy license applications
- 31 hospital pharmacy license applications (29 HSP, 0 HPE, 2 DRM, 0 DRE)

As of June 30, 2022, the Board has received 581 requests for temporary site license applications, including:

- 307 community pharmacy license applications
- 58 sterile compounding pharmacy license applications
- 103 nonresident pharmacy license applications
- 31 hospital pharmacy license applications

As of June 30, 2022, the Board has issued 9,535 individual licenses, including:

- 1,481 intern pharmacists
- 1,692 pharmacists
- 178 advanced practice pharmacists
- 5,791 pharmacy technicians

As of June 30, the Board has issued 589 site licenses without temporary license requests, including:

- 15 automated drug delivery systems (174 AUD, 21 APD)
- 97 community pharmacies
- 3 hospital pharmacies

As of June 30, 2022, the Board has issued 499 temporary site licenses, including:

- 289 community pharmacies
- 32 hospital pharmacies

#### Processing Times

Site Application Type	Application Processing Times as of 4/15/2022	Application Processing Times as of 7/8/2022	Deficiency Mail Processing Times as of 4/15/2022	Deficiency Mail Processing Times as of 7/8/2022
Pharmacy	42	81	86	64
Nonresident Pharmacy	52	92	71	114
Sterile Compounding	186	262	197	281
Nonresident Sterile Compounding	84	168	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	137	221	179	Current
Hospital Satellite Compounding Pharmacy	Current	Current	113	59
Hospital	7	9	Current	72
Clinic	87	79	64	10
Wholesaler	24	25	9	Current
Nonresident Wholesaler	94	23	40	Current
Third-Party Logistics Provider	Current	Current	Current	Current
Nonresident Third-Party Logistics Provider	22	30	24	Current
Automated Drug Delivery System	60	Current	Current	Current
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

<b>Individual Application Type</b>	<b>Application Processing Times as of 4/15/2022</b>	<b>Application Processing Times as of 7/8/2022</b>	<b>Deficiency Mail Processing Times as of 4/15/2022</b>	<b>Deficiency Mail Processing Times as of 7/8/2022</b>
Exam Pharmacist	17	46	4	Current
Pharmacist Initial Licensure	Current	Current	n/a	n/a
Advanced Practice Pharmacist	11	21	Current	Current
Intern Pharmacist	11	14	7	Current
Pharmacy Technician	29	14	11	8
Designated Representative	29	37	15	Current
Designated Representatives-3PL	28	81	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	16	22	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

**IX. Future Committee Meeting Dates**

- October 18, 2022

**X. Adjournment**

# **Attachment 1**



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**California State Board of Pharmacy**  
**Department of Consumer Affairs**  
**DRAFT Licensing Committee Meeting Minutes**

**Date:** April 19, 2022

**Location:** Department of Consumer Affairs  
1747 North Market Blvd.  
Sacramento, CA 95834

Participation also provided via WebEx

**Board Members**

**Present:** Debbie Veale, Licensee Member, Chair  
Seung Oh, Licensee Member, Vice-Chairperson  
Lavanza Butler, Licensee Member  
Jignesh Patel, Licensee Member  
Jason Weisz, Public Member

**Staff Present:** Anne Sodergren, Executive Officer  
Eileen Smiley, DCA Staff Counsel  
Debbie Damoth, Executive Manager Specialist

**I. Call to Order, Establishment of Quorum, and General Announcements**

The meeting was called to order at approximately 10:02 a.m. As part of the opening announcements, Chairperson Veale reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Chairperson Veale thanked all stakeholders for their participation in listening session and surveys.

Provisions for providing public comment throughout the meeting were reviewed.

Roll call was taken. Members present: Lavanza Butler, Jason Weisz, Jignesh Patel, Seung Oh and Debbie Veale. A quorum was established.

**II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings**

Members of the public at the physical location and over WebEx were provided with an opportunity to provide public comment.

No public comment was provided at the 1747 North Market Blvd location nor via WebEx. All participants were advised that supplemental research was provided that would be posted on the Board's website.

**III. Approval of the January 19, 2022, Licensing Committee Meeting Minutes**

Members were provided the opportunity to provide comments on the draft minutes; however, none were provided.

**Motion:** Approve the January 19, 2022, Licensing Committee meeting minutes.

**M/S: Oh/Butler**

Members of the public were provided the opportunity to provide public comments; however, no comments were provided at the 1747 North Market location nor through participants via WebEx.

**Support: 5      Oppose: 0      Abstain: 0      Not Present: 0**

<b>Board Member</b>	<b>Vote</b>
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support

**IV. Presentation, Discussion and Consideration of National Perspective on the Role and Responsibilities of Pharmacy Technicians**

The Committee received a presentation by Bill Cover, Associate Executive Director, State Pharmacy Affairs with the National Association of Boards of Pharmacy. Mr. Cover highlighted that NABP works to assist its member boards in protecting the public health.

Mr. Cover noted that 15 states require licensure as a pharmacy technician and 35 states require registration as a technician. He noted that 24 states require that a technician obtain a certification and 44 states require completion of a training programs. Additionally, 26 states require a pharmacy technician examination (either PTCB or ExCPT).

Mr. Cover noted that in response to the pandemic, the pace of change for pharmacy technicians has been accelerated, noting that the PREP Act allows for technicians to administer COVID-19 vaccines.

Mr. Cover discussed efforts undertaken by NABP's Work Group Considering extending waivers. Work group members agreed to expand pharmacy technician scope of practice to administration vaccinations and point-of-care testing. Additionally, the group agreed that the pharmacy can delegate various activities based on the individual technician's training, skill level, and experience, but excluded clinical care activities.

Mr. Cover discussed trends with "tech check tech" in institutional settings and efforts undertaking for community practice expansion in that area including efforts by Arizona (technology-assisted verification of product), Idaho (allowing for verification of dispensing accuracy), and Iowa (technician product verification programs).

Mr. Cover discussed telepharmacy practice. Mr. Cover noted that about 50 percent of states have telepharmacy practice provisions. Mr. Cover stated that this appears to be a new opportunity to highly skilled pharmacy technicians with delivering prescriptions in a different manner.

Seven states allow for administration of vaccines outside of the PREP Act authority. Additionally, there are two recently passed legislation that will establish authority and three additional measures still pending to allow for the administration of vaccines permanently.

Mr. Cover advised members of a recent APHA Community Pharmacy Workplace Summit Report which included findings specific to pharmacy technicians. Specifically related to pharmacy technicians, the report included encouragement for pharmacist to coach pharmacy technicians on how to treat patients. Further, the report noted the importance of valuing pharmacy technicians and support the important role pharmacy technicians play in health care delivery. The report indicates that the ratio of pharmacists to pharmacy technicians is not "one size fits all" and must look at compensation for and development of pharmacy technicians.

Mr. Cover noted that point-of-care testing by pharmacy technicians is currently under review by NABP. NABP will share this information once available.

Members had the opportunity to ask questions including if there is documentation about the safety of vaccine administration by pharmacy technicians. Member Oh inquired if NABP could provide research that demonstrates if there is corresponding correlation to reduce medication error rate or outcome that shows patient care is improved with the delegation of additional tasks to pharmacy technicians. Member Oh also asked if in each jurisdiction when expansion occurred if there was an increase in wages or improved well-being for the pharmacy technicians performing expanded duties.

Mr. Cover noted that one of the items of report discussed the need for focus on patient safety data. Further, a task force on working conditions also noted this issue and if data is available to support these tasks. Mr. Cover referenced the pilot in Iowa and offered to provide additional information.

Mr. Cover noted that pharmacy technicians performing these advanced duties are typically not new hires and pay appears commensurate. It appears to be an outstanding question if wage growth is sufficient to retain the pharmacy technician workforce.

Member Weisz asked about the composition of the working group and was advised it was a mixture of executive directors, board members and staff. Additional information about the licensure of the participants will be provided later.

Member Butler noted that the Iowa conclusions on tech check tech may not be applicable in large volume pharmacies. Ms. Butler was advised that the Iowa research was conducted as a pilot in conjunction with the pharmacist association and required Board approval.

The Committee heard comment from those present at the 1747 North Market Blvd location in Sacramento, CA.

Shane Desselle, Touro School of Pharmacy Professor, author and/or editor of some of research provided, noted economic analysis was done. There is some data but it is difficult to prepare state by state. Data from

Washington and Idaho regarding safety of pharmacists and pharmacy technicians providing immunization. Pharmacy technician motivation, engagement, and turnover is measured and found very significant differences engaged in these activities with higher levels of motivation and greater levels of professional commitment (e.g., less likely to call in sick, greater likelihood of having full staffing, etc.) which plays into safety.

A representative from CVS health commented technician transfers, technician verbals, technician clarification, etc. was not discussed because it has been already contemplated. The representative noted this frees up the pharmacist to perform more clinical services.

Mr. Cover noted that the Iowa Board requires the facility to detail out some of the clinical services that will be enabled if tech check tech is allowed.

The Committee heard public comment inquiring how many pharmacy technicians participated in the workgroup and if anyone from California participated. The APHA was a consensus stakeholder conference including pharmacy technicians, pharmacists, patient advocates, etc.

Public comment was received by participants via WebEx.

The Committee heard comment requesting information if all pharmacy technicians that perform tech check tech or provide vaccine administration are required to have national certification.

The Committee heard comment noting the Iowa project was about a new practice model in the state. The goal was to free up pharmacist time to provide clinical patient care services. An article in the Journal of American Pharmacist Association was referenced that discussed how pharmacists spent their time under the program. Members were advised that the article was provided in the meeting materials.

A representative from UFCW Western States Council noted that compensation needs to be commensurate with the expansion of duties.

A representative from the California Society of Health-System Pharmacists commented if expanded, there should be a requirement to ensure patient care services similar to inpatient requirement.

Public comment noted the NABP presentation excluded clinical care services as part of the findings of the work group. Mr. Cover noted that in

many states, there are varying ways states establish pharmacy technician duties. The work group focused on items such as DUR, counseling, that should only be conducted by a pharmacist.

The Committee heard comment noting a requirement of the PREP Act for conditions of pharmacy technicians for vaccines administration, required the pharmacy technician must be certified if the state did not require licensure.

*Members took a break from 11:30 a.m. to 11:36 a.m. Roll call was taken. Members present: Lavanza Butler, Jignesh Patel, Jason Weisz, Seung Oh and Debbie Veale. A quorum was established.*

#### **V. Discussion and Consideration of Requirements for Licensure of Pharmacy Technicians, Include Presentations of Examinations and Training Program**

The Committee received a presentation by Ryan Burke, PTCB, focusing on medication safety and protecting the public. Dr. Burke indicated there are about 20,000 pharmacy technicians that are certified in California.

Dr. Burke provided an overview of the certification program including eligibility criteria that became effective in 2020. Members were advised that the PTCE exam content outline include 40% medications, 13% federal requirements, 26% patient safety and quality assurance, and 21% order entry and processing. It was noted that the content outline focuses on general entry level.

Dr. Burke reviewed re-certification requirements which included 20 hours of CE during the 2-year period including one hour in pharmacy law and one hour in patient safety. Dr. Burke noted PTCE does allow some of the CE to be pharmacist specific; however, the remainder must be technician certified. Members were advised that PTCB verifies CE completion of all technicians.

Dr. Burke advised the PTCB also has certification programs including an advanced certified pharmacy technician and a certified compounding sterile preparation technician. Members were advised there has been slow growth in the advanced certified pharmacy technicians. PTCB will be releasing a workforce survey to understanding how the accreditation process is working.

Chairperson Veale requested Dr. Burke provide the Board with the programs that are available in California.

The Committee received a presentation by Jessica Langley-Lope, NHA, providing an overview of NHA's ExCPT and noting sometimes pharmacy technicians lack some of the skills for advanced duties. Members were advised that NHA model includes a transition from "learning" to "certify" to "grow." Members were provided with an overview of the pathways to certification.

Ms. Langley-Lope reviewed the ExCPT examination outline which includes 25% related to overview and law, 15% related to drugs and drug therapy, 45% related to the dispensing process, and 15% related to medication safety and quality assurance.

Ms. Langley-Lope provided an overview of the NHA products including PharmaSeer didactic tool that is available, PharmaSeer Math, PersonAbility, and Performance Analytics.

Ms. Langley-Lope's presentation included information about advocacy efforts undertaken by NHA for pharmacy technicians including leadership in the coalition for the advancement of pharmacy technician practice.

The Committee received a presentation by Lisa Lifshin, ASHP, providing a presentation on pharmacy technician education training. Members were advised about 22 pharmacy technician ASHP training programs in California. Ms. Lifshin discussed the composition of the accreditation commission and the purpose of the education standards were reviewed including the need to protect the public by ensuring the availability of a competency workforce. Members were advised that ASHP has an entry level and advanced level (which is primarily focused on inpatient). A review of the standards was provided as well as the competency expectations. Entry level requires 400 hours over at least 8 weeks that includes one externship site with a sequence of "See, Practice, Do." The advanced level is 600 hours over 15 weeks or more.

Members were advised that six states currently require completion of ASHP/ACPE accredited program for technicians and two additional states are transitioning to the requirement. South Carolina allows for a higher level of pharmacist to pharmacy technician ratio based on the qualifications of the pharmacy technicians.

Chairperson Veale reviewed the requirements for licensure in California. Members were provided the opportunity to comment.

Dr. Burke confirmed that California has about 30% of its pharmacy technicians maintain an active certification.

The Committee heard public comments from participants at the 1747 N. Market location.

A representative from Touro University commented a considerable amount of research shows the value of certification (PTCB and NHA) including that those pharmacy technicians that are certified have greater commitment to the profession as well as less turn-over.

The Committee heard public comments from participants via WebEx.

A public commenter sought clarification on ASHP requirements and was advised by ASHP about the training program requirements.

A representative from UFCW cautioned the Board against creating additional certification and expressed concern with barriers to licensure or advanced credential for those that are already doing this job.

*Members took a break from 12:42 p.m. to 1:24 p.m. Roll call was taken. Members present: Lavanza Butler, Jignesh Patel, Jason Weisz, Seung Oh and Debbie Veale. A quorum was established.*

## **VI. Discussion and Consideration of Current Authorized Duties for Pharmacy Technicians and Possible Changes, Including Discussion of Summary of Information Received During Licensing Surveys.**

Chairperson Veale reviewed relevant laws and reminded participants of the steps taken to prepare for the Summit, including 12 listening sessions convened and deployed a survey. Related research was also included in the meeting materials.

Chairperson Veale advised some respondents indicated that no changes in pharmacy technician duties are appropriate. However, there appeared to be trends in the types of duties that could be appropriate for pharmacy technicians including:

1. Administering vaccines
2. Authority to receive verbal prescriptions as well as refill authorizations and prescription transfers.
3. Authority to screen for patient consultation or for pharmacy technicians to accept the patient's declination of patient consultation.
4. Authority for pharmacy technicians to provide consultation on over-the-counter medications.
5. Provisions to allow for a pharmacy technician to create medication history lists
6. Final product verification.

Members discussed general themes. Member Oh suggested taking a step-by-step approach and indicating that vaccines may be a place to start. Member Oh questioned if the utility of expanding verbal prescriptions given e-prescribing.

Chairperson Veale pointed out changes in duties will require statutory changes and may make more sense to do all of the changes at once.

Member Butler spoke in support of expanding to include vaccine administration but only if it is voluntary. Ms. Butler spoke in favor of liability protection for pharmacists.

Member Patel spoke in support of ASIP vaccines, CLIA waived point of care testing, and tech check tech, oral orders should be considered as well as fax transferred.

Members were advised that consultation screening would most likely require other changes in the law as pharmacists are required to initiate consultation.

Member Weisz spoke in support of moving forward with many of the proposed items.

Members generally expressed concern with pharmacy technicians recommending OTC products to consumers especially because of the need to apply clinical knowledge.

The Committee heard comment from the 1747 North Market location.

A pharmacy technician spoke in support of vaccine administration but

the proposal must include requirement for appropriate training, noting that a new pharmacy technician would probably not be appropriate. The commenter also spoke in support of the pharmacy technician performing specimen collection for point of care testing but only with appropriate training and noted that he has taken advanced training for vaccines and testing.

Another pharmacy technician indicated that OTC consultation should not be allowed. The pharmacy technician stated verbal orders appear appropriate if the technician takes down the information that is reviewed by the pharmacist but not for new pharmacy technicians. The pharmacy technician took an informal survey of her co-workers who most indicated as pharmacy technicians would not be interested in providing vaccines. The pharmacy technician thought training should be required if vaccine administration is required.

A representative of CRA/NACDS commented in support of the Summit and would support pharmacy technicians providing vaccines noting the current vaccine and testing waivers remain in place. The representative noted the other duties including verbal orders could be delegated to the pharmacist.

A representative from Touro University commented research shows that a supportive pharmacist drives if a pharmacy technician wants to perform duties. The commenter noted OTCs require clinical judgement. He stated advanced duties are probably best delegated to seasoned pharmacy technicians to allow for current laddering for pharmacy technicians.

A representative from CVS Health noted that trends appear to be advancing a delegation model except for counseling and DUR. The commenter indicated that Arizona allows a pharmacist to delegate based on the training and experience of pharmacy technicians. The commenter indicated that pharmacists expanded duties may not be performed because of limitations.

The Committee heard public comment via WebEx.

The commenter inquired about how it would apply to pharmacy technicians working in a non-licensed facility. The commenter was advised by law a pharmacy technician can only work in a pharmacy.

A representative from CPhA commented in support of pharmacy technicians performing duties and spoke in support of the role of any advanced pharmacy technician through certification to enhance the ability of the pharmacist to provide patient-centered care. CPhA encouraged the Licensing Committee to consider including the authority to administer all FDA approved or authorized vaccines with ACIP recommendations under direct pharmacist supervision to align with CPhA sponsored legislation. Pharmacists must be able to determine without corporate influence which pharmacy technicians they entrust the new responsibilities.

A representative of UFCW Western States Council commented support of an ad hoc committee to discuss the results of the workforce survey and to break down by practice care setting and how technicians can provide a supportive role for pharmacists. Pharmacy technicians need to be appropriately compensated and need to ensure expanded duties are voluntary. Pharmacists need to be engaged because it is their responsibility. Supervision needs to be considered where vaccinations can be provided behind closed doors.

A representative from Walgreens commented in support of the expanded duties; however, agreed OTC consultation is not appropriate. The representative spoke in support of other comments and looked forward to future discussions.

A pharmacist professor at Northstate commented in support of teaching self-care and noted OTC is more complex that it appears. She spoke in support of vaccines, new prescriptions, and advanced practice pharmacy technicians but disagreed with allowing pharmacy technicians mixing vaccines.

A clinical pharmacy technician commented in support of expanding the definition of pharmacy technicians to allow for them to serve in other areas and should be represented in the definition of pharmacy technician.

A comment was heard in support of allowing pharmacy technicians to serve in other areas where a pharmacist is and that the definition needs to be expanded. The comment noted that this has prohibited pharmacy technicians from supporting pharmacists.

Chairperson Veale noted consensus looking at adding vaccines;

receiving verbal prescriptions, clarifications, and transfers; and point-of-care testing. She noted the consultation on OTC would need to be discussed further.

**Possible functions that would allow for supervision by another technician.**

Chairperson Veale reported there were mixed responses regarding possible use of tech check tech where some indicated use would be appropriate, while other appeared to oppose such provisions. Included in the meeting materials were related research that appeared to suggest that such provisions may be appropriate if the individual is appropriately trained. Ms. Veale clarified in order to free up the pharmacist, the tech check tech would be final product verification where the pharmacist wouldn't do a final product verification but would do clinical DUR duties.

The Committee considered tech check tech related to final product verification.

Member Butler noted that the pharmacist is ultimately responsible and expressed concern with workplace conditions and concerns with liability.

Member Patel noted that with the technology that is available, the final check could be performed by a technician under specified conditions. He noted the pharmacy technician performing the final check should be certified.

Member Oh expressed concern and indicated that he does not believe there is value. Member Oh indicated that he does not spend a lot of time on product verification and does not feel comfortable as a pharmacist having a pharmacy technician perform the duties. Member Oh noted that there are other areas that could provide more benefit to pharmacists.

Member Patel noted that all steps are critical and added data entry is being more crucial than probably final product verification.

Member Butler was sought clarification on the functions that would still be done by the pharmacist, including data verification, DUR etc.

The Committee heard public comment from the 1747 North Market location.

A representative from Touro University commented it is the most widely studied advanced technician duty. Iowa was the first study and the optimizing care study indicated no problems. Pharmacists reported reduction stress noting a 225 percent increase in the number of direct patient care activities performed during the study. There is significant research.

A pharmacy technician reported they would not feel comfortable with tech check tech in the community pharmacy. The commenter noted the difference in hospital versus retail settings.

A pharmacy technician spoke in support of tech check tech in the hospital but not in the community setting.

A representative from CVS Health commented in support of tech check tech where the technician is focused on that sole function. The representative noted it may be outdated because of technology and described the attributes of the technology. The commenter indicated that this technology is used in mail order and believes as the cost of technology is lower, it will be more robustly used.

A representative of CRA/NACDS commented in support of tech check tech but only if there is an increase in the ratio.

The Committee heard comment from WebEx participants.

The committee heard public comment indicating that refill prescriptions and the use of robotics can be done effectively with a technician.

A representative from UFCW Western States Council commented in opposition to tech check tech as work force surveys shows that pharmacy personnel are overworked.

A pharmacy technician supervisor indicated concern with tech check tech because of liability issues and unclear what would happen if errors occurred and requested if research includes liability.

A representative from Walgreens commented in support of CVS Health's representative comments noting technology assisted verification product provisions in Arizona includes experience and certification requirements.

The committee did not reach consensus.

## **Oversight**

Chairperson Veale noted there appears to be a difference in the perceptions of pharmacist and pharmacy technicians as it relates to pharmacist oversight. Pharmacists appear to believe they do not have adequate time to supervise technicians, whereas pharmacy technicians responded with the majority believing they have sufficient oversight by a pharmacist.

Member Patel commented in support of increasing ratios.

Chairperson Veale noted that the issue of oversight will most likely need to be further discussed and oversight can be discussed as part of the ratio discussion.

The Committee heard public comment from the 1747 North Market location.

A representative from Touro University commented pharmacist supervision studies indicate that technicians are very happy with accessibility to pharmacists but believe transformative leadership pharmacists may be lacking.

A representative from CVS Health commented direct supervision and control definition is appropriate and noted in Idaho it was determined that tech check tech would not result in increase in liability.

The Committee received no public comment from WebEx participants.

## **Training**

Chairperson Veale noted training was another area where perceptions differed between pharmacists and pharmacy technicians. Pharmacists noted that additional training may be appropriate with some suggesting an increase in educational requirements such as an AA requirement. Additional areas of training were also identified. Given there was broad agreement among pharmacists and pharmacy technicians that training requirements should be based on duties, Chairperson Veale suggested further discussion on this topic may be best after decisions are made on changes in duties. Chairperson Veale noted that training requirements

may need to be reviewed but do not appear to require an overhaul. Members agreed.

The Committee heard public comment from the 1747 North Market location.

A pharmacy technician indicated that training is appropriate.

The Committee received no public comment from WebEx participants.

### **Biggest Challenges**

Chairperson Veale noted that the biggest challenges experienced by pharmacy technicians appeared to be related to workload and staffing challenges.

The Committee heard public comment from the 1747 North Market location.

A representative from Touro University commented national research indicates a lack of advancement is the number one issue.

A pharmacy technician commented pharmacy technicians are underpaid noting that pharmacy technicians would make more money working at In and Out Burger than working in a pharmacy. There is a need to look at chains to pay technicians what they deserve.

The Committee received no public comment from WebEx participants.

### **Remote Work**

Chairperson Veale reported that under the Board's waiver, pharmacy technicians are authorized to perform remote functions under specified conditions; however, the authority does not appear to be widely used. Most pharmacy technicians reported that they do not perform remote work; however, many respondents spoke in support of the allowance to do so. Benefits detailed including a better work-life balance. There did not appear to be a general theme for challenges, but as detailed in the chair report that could be because it does not appear pharmacy technicians are largely performing remote work.

The Committee heard public comment from the 1747 North Market location.

A representative from CRA/NACDS reported it would be helpful to have remote processing for pharmacy technicians permanent.

A representative from CVS Health indicated that CVS was concerned about temporary allowance was an impediment as the workers need to live close if the temporary allowance for remote processing was removed. The representative stated that remote work was a key to reduction in diversion, alleviates the ratio issue and supervision workforce issue. He suggested remote work at home is a key to addressing the workforce.

The Committee received public comment from WebEx participants.

A representative from UCFW Western States Council expressed concerns with remote processing and believed there are significant concerns with the remote processing, including liability on the pharmacist who is not providing direct supervision. The representative noted concerns about pay disparities, HIPAA violations, workplace play, etc., and suggested that as an alternative, remote work in a licensed location. These concerns are specific the community setting.

A representative from Kaiser encouraged the Board to allow pharmacist-in-charges (PICs) to allow remote work via statute and continue to encourage the Board to allow for use of pharmacy technicians outside of a pharmacy.

A representative from Walgreens commented in support of remote processing for pharmacy technicians where permanent allowance is provided.

Public comment also spoke in support of remote work.

## **IX. Discussion and Consideration of Current Pharmacist to Pharmacy Technician Ratio and Possible Changes.**

Chairperson Veale referred to the meeting materials that included the current provisions and the discussion from July 2017 where the committee discussed and concluded that a technician ratio of 1:2 appeared appropriate. No action was taken at that time. She noted although a question was not included in the survey specific to ratios, an increase in

the ratio was a common response by pharmacy technicians to the questions.

Chairperson Veale noted that the time has come to review the ratio issue. She noted other states have shown there is not a safety issue with an increase in the ratio. An increase in the ratio would allow the pharmacists to practice at a higher level.

Member Oh stated he believed there may be certain conditions that warrant an increase in ratio but a deeper dive is needed. Member Oh suggested perhaps establishing a pharmacy technician floor versus a ceiling.

Member Patel noted that if a pharmacist is limited to one technician, when the technician is otherwise engaged, workflow is negatively impacted.

Member Butler noted that some pharmacists indicated they would prefer to have another technician. There are concerns about liability. Member Butler noted that if the Board is going to allow vaccines, the ratio should be increased.

Member Weisz inquired how adding more pharmacy technicians for a pharmacist to oversee will help when pharmacists currently don't feel they can oversee the pharmacy technicians they currently supervise.

Member Patel clarified one pharmacy technician could count prescriptions while another pharmacy technician could administer vaccination and it allows the pharmacist to do clinical duties such as consultations, talking to doctors, etc. With having one pharmacy technician, the counting stops when the vaccinations are completed by a pharmacy technician.

Member Butler commented she has heard some interest in increased ratios but she has also hear concern with liability issues.

The Committee heard public comment from the 1747 North Market location.

A representative from CRA/NACDS commented a broader discussion is needed noting ratio is a workforce issue and that an increase is one way to combat those issues.

A representative from Touro University commented this issue is difficult to study but indirectly anecdotal information appears to support increases in the ratio result in in less stress.

The Committee received public comment from WebEx participants.

A pharmacists stated the staff ratio is very limiting for a pharmacist and spoke in support of an increase in the ratio with appropriate protections.

A representative from UFCW Western States Council commented there needs to be a discussion on a staffing floor and what does the ratio look like with supplemental services. The representative noted that many pharmacists are still working alone.

A representative from Walgreens commented in support of the increase in ratio and suggested looking to New Mexico that allows the PIC to determine the appropriate ratio.

A representative from the California Council for the Advancement of Pharmacy commented in support of raising the ratio for closed door pharmacies noting her members servicing nursing homes are able to have a 1:2 ratio when filling nursing home prescriptions.

Member Weisz left the meeting at 3:25 p.m.

Chairperson Veale noted the next meeting is scheduled for July 18, 2022.

Chairperson Veale took public comment for items not on the agenda.

Member Oh thanked Member Veale and Member Butler as it was their last meeting with Member Veale serving as the Chair and Member Butler serving as a Member. Dr. Oh acknowledged their hard and excellent work.

Jassy Grewal, UFCW Western States Council, thanked Member Butler and Member Veale on behalf of the Board and consumers.

## **X. Adjournment**

The meeting adjourned at 3:32 p.m.

# **Attachment 2**

## Possible amendment to BPC Section 4111

(a) Except as otherwise provided in subdivision (b), (d), or (e), the board shall not issue or renew a license to conduct a pharmacy to any of the following:

(1) A person or persons authorized to prescribe or write a prescription, as specified in Section 4040, in the State of California.

(2) A person or persons with whom a person or persons specified in paragraph (1) shares a community or other financial interest in the permit sought unless both the person or persons specified in paragraph (1) and the person seeking a license to conduct pharmacy provide statements disavowing any community or financial interest on behalf of the person or persons specified in paragraph (1) and transmute any such community property under the Family Law Codes of the State of California into the separate property of the person seeking a license to conduct pharmacy. In addition, the pharmacy seeking a license with an owner specified in paragraph (1) if such license is granted, shall be prohibited from filling any prescriptions, emergency or otherwise issued or prescribed by the person or persons specified in paragraph (1) or another prescriber at the same place of business as the person specified in paragraph (1) if the prescriber owns a greater than 10% interest in the practice issuing the prescription.

(3) Any corporation that is controlled by, or in which 10 percent or more of the stock is owned by a person or persons prohibited from pharmacy ownership by paragraph (1) or (2).

(b) Subdivision (a) shall not preclude the issuance of a permit for an inpatient hospital pharmacy to the owner of the hospital in which it is located.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

(d) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a person licensed on or before August 1, 1981, under the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and qualified on or before August 1, 1981, under subsection (d) of Section 1310 of Title XIII of the federal Public Health Service Act, as amended, whose ownership includes persons defined pursuant to paragraphs (1) and (2) of subdivision (a).

(e) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a pharmacist authorized to issue a drug order pursuant to Section 4052.1, 4052.2, or 4052.6.

**Attachment 3**  
**Revised**  
**7/15/22**

**Title 16. Board of Pharmacy  
Proposed Text**

**Add section 1706.6 to Article 1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1706.6. Temporary Licenses for Military Spouses/Domestic Partners**

- (a) Definitions: For the purposes of this section, the following definitions shall apply:
- (1) “Disciplined” means that the applicant’s license was placed on probation, revoked, suspended, reprobated, censured, reprimanded, restricted, limited, or conditioned.
  - (2) “Jurisdiction” shall mean a California or another state’s licensing board or agency, any agency of the federal government, or another country.
  - (3) “Disciplinary proceeding” shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.
  - (4) “Good standing” shall mean that the applicant has not been disciplined, is not the subject of an unresolved complaint or review procedure and is not the subject of any unresolved disciplinary proceeding.
  - (5) Original licensing entity that issued a license to the applicant authorizing the applicant to practice within the same scope for which the applicant seeks a temporary license from the Board.
- (b) An applicant for a temporary pharmacist, advanced practice pharmacist, pharmacy technician, designated representative, designated representative-reverse distributor, designated representative-3PL or a designated paramedic license pursuant to section 115.6 of the Business and Professions Code (“Code”) shall submit a completed application and meet all of the requirements of this section and section 115.6 of the Code to be eligible for a temporary license. A completed application shall provide the following information:
- (1) The applicant’s identifying and contact information:
    - (A) Applicant’s full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),
    - (B) Other name(s) applicant has used or has been known by,
    - (C) Applicant’s address of record (The address of record may be a post office box number or other alternate address.),
    - (D) Applicant’s physical address, if different than the applicant’s address of record,
    - (E) Applicant’s email address,

- (F) Applicant's telephone number,
  - (G) Applicant's Social Security Number or Individual Taxpayer Identification Number, and,
  - (H) Applicant's birthdate (month, day, and year).
- (2) The applicant shall indicate that the applicant is married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active-duty military orders and shall provide the following documentation with the application:
- (A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces, and,
  - (B) A copy of the military orders establishing their spouse or partner's duty station in California.
- (3) The applicant shall disclose whether the applicant holds a current, active, and unrestricted license of the same type of license that the applicant is applying for, or comparable authority to practice in another state, district, or territory of the United States and provide written verification from the applicant's original licensing jurisdiction that the applicant's license or other comparable authority ("license") is in good standing in that jurisdiction. The verification shall include all of the following:
- (A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by,
  - (B) the license type and number issued to the applicant by the original licensing jurisdiction, and relevant law(s) and regulation(s) under which the license was issued,
  - (C) the name and location of the licensing agency,
  - (D) the issuance and expiration date of the license, and,
  - (E) information showing that the applicant's license is currently in good standing.
- (4) The applicant shall disclose whether the applicant has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 141, 480, or 490 of the Code, or Sections 4300, 4301, 4311 of the Code, or section 1762 of this Division. For applicants for a temporary pharmacist license, those applicants shall also disclose whether the applicant has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 4305 or 4306.5 of the Code.

- (5) The applicant shall disclose whether the applicant has been disciplined by a licensing entity in another jurisdiction or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.
  - (6) The applicant shall submit fingerprints for use by and accessible to the board in conducting criminal history information record checks through the California Department of Justice.
  - (7) The applicant shall sign a statement attesting to the fact that the applicant meets all the requirements for the temporary license, and that the information submitted in the application is accurate, to the best of the applicant's knowledge.
- (c) In addition to the above requirements, applicants for a temporary pharmacist license must successfully complete the Board's law and ethics examination designated as the California Practice Standards and Jurisprudence Examination (CPJE) for Pharmacists set forth in Section 4200 of the Code, which tests the applicant's knowledge and proficiency in state and federal laws and provisions of safe patient care, the items set forth in Section 4200.2 and 4200.3 (d) of the Code.
- (d) Upon issuance of a temporary license in accordance with Section 115.6(a) of the Code, the Board shall provide written notice to the applicant of the following:
- (1) That the temporary license is nonrenewable;
  - (2) That the license expires 12 months after issuance, upon issuance or denial of a standard license, or upon issuance or denial of an expedited license pursuant to Section 115.5 of the Code, whichever occurs first; and,
  - (3) Any holder of a temporary license desiring to continue their licensure or to practice in California after expiration of their temporary license shall apply for and obtain a standard pharmacist, advanced practice pharmacist, pharmacy technician, designated representative, designated representative-reverse distributor, designated representative-3PL or a designated paramedic license, as applicable, in accordance with Sections 4200, 4202, 4210, 4053, 4053.1, 4053.2, and 4202.5 of the Code.

Authority: Sections 115.6 and 4005, Business and Professions Code.

Reference: Section 30, 31, 115.6, 141, 480, 490, 4200, 4300, 4301, 4301.5, 4305, 4306.5, and 4311, Business and Professions Code.

# **Attachment 4**

CALIFORNIA STATE BOARD OF PHARMACY  
 QUARTERLY LICENSING STATISTICS FISCAL YEAR 2021/2022

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	89	89	80	121	379
Designated Representatives Vet (EXV)	3	0	0	0	3
Designated Representatives-3PL (DRL)	23	17	30	46	116
Designated Representatives-Reverse Distributor (DRR)	0	0	2	4	6
Designated Paramedic (DPM)	0	1	0	0	1
Intern Pharmacist (INT)	1,148	93	131	162	1,534
Pharmacist Exam Applications	269	131	177	1,558	2,135
Pharmacist Retake Exam Applications	644	489	417	310	1,860
Pharmacist Initial License Application (RPH)	845	451	174	231	1,701
Advanced Practice Pharmacist (APH)	35	30	25	50	140
Pharmacy Technician (TCH)	1,354	1,134	1,562	1,428	5,478
<b>Total</b>	<b>4,410</b>	<b>2,435</b>	<b>2,598</b>	<b>3,910</b>	<b>13,353</b>

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	39	38	66	53	196
Automated Drug Delivery System (ADD(APD))	5	1	0	2	8
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	2	0	0	2
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	0	0	0	1
Clinics (CLN)	31	18	14	32	95
Clinics Government Owned (CLE)	27	7	11	14	59
Drug Room (DRM)	0	0	2	0	2
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	19	2	6	2	29
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	3	0	4	8
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	1	1	0	2
Pharmacy (PHY)	81	56	80	74	291
Pharmacy (PHY) Chain	2	83	2	6	93
Pharmacy Government Owned (PHE)	2	1	2	0	5
Remote Dispensing Pharmacy (PHR)	1	0	0	0	1
Pharmacy Nonresident (NRP)	28	43	37	34	142
Sterile Compounding (LSC)	30	6	10	14	60
Sterile Compounding Government Owned (LSE)	1	1	3	2	7
Sterile Compounding Nonresident (NSC)	2	3	4	4	13
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	2	2	5
Third-Party Logistics Providers Nonresident (NPL)	13	8	3	10	34
Veterinary Food-Animal Drug Retailer (VET)	1	0	0	0	1
Wholesalers (WLS)	14	7	11	13	45
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	35	24	17	21	97
<b>Total</b>	<b>335</b>	<b>304</b>	<b>271</b>	<b>287</b>	<b>1,197</b>

\*Number of applications received includes the number of temporary applications received.

Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	1	0	1
Hospitals - Temp (HSP)	18	3	5	4	30
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	61	133	56	57	307
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	19	34	29	21	103
Sterile Compounding - Temp (LSC)	22	5	8	14	49
Sterile Compounding Nonresident - Temp (NSC)	2	2	2	3	9
Third-Party Logistics Providers - Temp (TPL)	1	0	2	1	4
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	4	1	4	11
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	8	1	6	6	21
Wholesalers Nonresident - Temp (OSD)	17	12	6	11	46
<b>Total</b>	<b>150</b>	<b>194</b>	<b>116</b>	<b>121</b>	<b>581</b>

**LICENSES ISSUED**

<b>Individual Licenses</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	118	41	68	98	325
Designated Representatives Vet (EXV)	0	1	0	0	1
Designated Representatives-3PL (DRL)	19	1	18	24	62
Designated Representatives-Reverse Distributor (DRR)	0	3	0	1	4
Designated Paramedic (DPM)	0	0	1	0	1
Intern Pharmacist (INT)	1,035	202	113	131	1,481
Pharmacist (RPH)	834	462	172	224	1,692
Advanced Practice Pharmacist (APH)	22	75	51	30	178
Pharmacy Technician (TCH)	1,420	1,730	1,006	1,635	5,791
<b>Total</b>	<b>3,448</b>	<b>2,515</b>	<b>1,429</b>	<b>2,143</b>	<b>9,535</b>

<b>Site Licenses</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Automated Drug Delivery System (ADD(AUD))	42	37	19	76	174
Automated Drug Delivery System (ADD(APD))	14	0	4	3	21
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	1	0	1
Clinics (CLN)	7	14	30	29	80
Clinics Government Owned (CLE)	19	11	6	16	52
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	1	1	0	0	2
Hospitals Government Owned (HPE)	0	1	0	0	1
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	2	3
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	1	0	1
Pharmacy (PHY)	25	20	22	25	92
Pharmacy Government Owned (PHE)	1	1	2	1	5
Remote Dispensing Pharmacy (PHR)	0	0	0	1	1
Pharmacy Nonresident (NRP)	9	6	6	10	31
Sterile Compounding (LSC)	14	6	3	3	26
Sterile Compounding Government Owned (LSE)	2	2	2	0	6
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	2	0	0	1	3
Third-Party Logistics Providers Nonresident (NPL)	1	2	4	2	9
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	1	1
Wholesalers (WLS)	8	3	6	10	27
Wholesalers Government Owned (WLE)	0	1	0	0	1
Wholesalers Nonresident (OSD)	15	1	8	28	52
<b>Total</b>	<b>161</b>	<b>106</b>	<b>114</b>	<b>208</b>	<b>589</b>

<b>Site Temporary Licenses</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Drug Room -Temp (DRM)	1	0	2	1	4
Hospitals - Temp (HSP)	3	19	5	1	28
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	61	34	121	73	289
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	16	23	31	85
Sterile Compounding - Temp (LSC)	6	20	7	3	36
Sterile Compounding Nonresident - Temp (NSC)	0	1	1	1	3
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	4	2	0	3	9
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	3	4	0	4	11
Wholesalers Nonresident - Temp (OSD)	10	12	2	9	33
<b>Total</b>	<b>104</b>	<b>108</b>	<b>161</b>	<b>126</b>	<b>499</b>

**PENDING APPLICATIONS (Data reflects number of pending applications at the end of the quarter)**

<b>Individual Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Designated Representatives (EXC)	220	266	277	291
Designated Representatives Vet (EXV)	10	9	9	9
Designated Representatives-3PL (DRL)	52	68	80	101
Designated Representatives-Reverse Distributor (DRR)	2	0	2	5
Designated Paramedic (DPM)	0	1	0	0
Intern Pharmacist (INT)	233	123	141	162
Pharmacist (exam not eligible)	1,643	1,596	1,366	1,645
Pharmacist (exam eligible)	1,253	898	1,072	1,843
Advanced Practice Pharmacist (APH)	151	106	78	98
Pharmacy Technician (TCH)	1,732	812	1,243	962
<b>Total</b>	<b>5,296</b>	<b>3,879</b>	<b>4,268</b>	<b>5,908</b>

<b>Site Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Automated Drug Delivery System (ADD(AUD))	140	123	169	119
Automated Drug Delivery System (ADD(APD))	49	54	52	46
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	2	2	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	1
Centralized Hospital Packaging (CHP)	4	4	2	2
Clinics (CLN)	133	133	115	116
Clinics Government Owned (CLE)	30	26	29	26
Drug Room (DRM)	4	3	2	2
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	25	7	7	9
Hospitals Government Owned (HPE)	2	1	1	1
Hospital Satellite Sterile Compounding (SCP)	2	2	2	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	2	2
Hypodermic Needle and Syringes (HYP)	14	13	12	14
Correctional Pharmacy (LCF)	0	0	1	1
Outsourcing Facility (OSF)	0	0	0	0
Outsourcing Facility Nonresident (NSF)	8	9	9	9
Pharmacy (PHY)	208	293	220	185
Pharmacy Government Owned (PHE)	13	11	8	8
Remote Dispensing Pharmacy (PHR)	5	5	5	4
Pharmacy Nonresident (NRP)	164	184	187	179
Sterile Compounding (LSC)	82	61	61	70
Sterile Compounding - Government Owned (LSE)	10	9	7	9
Sterile Compounding Nonresident (NSC)	15	17	16	21
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	2	2	4	5
Third-Party Logistics Providers Nonresident (NPL)	62	66	63	62
Veterinary Food-Animal Drug Retailer (VET)	1	1	1	0
Wholesalers (WLS)	49	46	50	47
Wholesalers Government Owned (WLE)	2	1	1	1
Wholesalers Nonresident (OSD)	127	133	139	121
<b>Total</b>	<b>1,014</b>	<b>1,086</b>	<b>999</b>	<b>942</b>

<b>Applications Pending with Temporary Licenses Issued - Pending Full License</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Drug Room -Temp (DRM)	3	2	2	3
Hospitals - Temp (HSP)	11	29	22	22
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	2	0	0	0
Pharmacy - Temp (PHY)	114	84	142	189
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	43	29	39	56
Sterile Compounding - Temp (LSC)	18	36	27	26
Sterile Compounding Nonresident - Temp (NSC)	1	1	3	3
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	5	3	2	3
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesalers - Temp (WLS)	3	3	1	3
Wholesalers Nonresident - Temp (OSD)	10	16	5	9
<b>Total</b>	<b>211</b>	<b>203</b>	<b>243</b>	<b>314</b>

**APPLICATIONS WITHDRAWN**

<b>Individual Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	3	0	1	0	4
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	0	2	2
Pharmacist (exam applications)	3	1	0	445	449
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	2	327	95	69	493
<b>Total</b>	<b>8</b>	<b>328</b>	<b>96</b>	<b>516</b>	<b>948</b>

<b>Site Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Automated Drug Delivery System (ADD(AUD))	8	3	0	25	36
Automated Drug Delivery System (ADD(APD))	0	0	0	5	5
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	1	0	1
Clinics (CLN)	2	0	2	2	6
Clinics Government Owned (CLE)	1	0	2	0	3
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	3	0	5	6	14
Pharmacy Government Owned (PHE)	0	0	1	0	1
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	1	5	0	9
Sterile Compounding (LSC)	3	0	1	0	4
Sterile Compounding - Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	0	1	0	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	1	5	6
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	1	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	2	0	0	8	10
<b>Total</b>	<b>18</b>	<b>1</b>	<b>20</b>	<b>26</b>	<b>65</b>

**APPLICATIONS DENIED**

<b>Individual Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	0	0	0	0	0
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	1	1
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	0	0	0
Pharmacist (exam application)	2	2	1	0	5
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	6	6	10	8	30
<b>Total</b>	<b>8</b>	<b>8</b>	<b>11</b>	<b>9</b>	<b>36</b>

<b>Site Applications</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	4	1	3	4	12
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	1	1	1	0	3
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	1	0	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>19</b>

**RESPOND TO STATUS INQUIRIES**

<b>Email Inquiries</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representative Received	485	386	456	397	1,724
Designated Representative Responded	338	139	408	136	1,021
Advanced Practice Pharmacist Received	205	205	118	75	603
Advanced Practice Pharmacist Responded	156	157	79	37	429
Pharmacist/Intern Received	1,928	1,335	1,109	1,717	6,089
Pharmacist/Intern Responded	1,076	1,132	931	672	3,811
Pharmacy Technician Received	1,978	1,386	1,449	1,577	6,390
Pharmacy Technician Responded	1,978	2,057	1,410	1,571	7,016
Pharmacy Received	1,903	1,976	2,143	2,083	8,105
Pharmacy Responded	1,195	1,171	1,846	1,851	6,063
Sterile Compounding/Outsourcing Received	914	1,462	807	949	4,132
Sterile Compounding/Outsourcing Responded	737	468	317	488	2,010
Wholesale/Clinic/Hypodermic/3PL Received	769	495	620	477	2,361
Wholesale/Clinic/Hypodermic/3PL Responded	352	68	270	311	1,001
Automated Drug Delivery Systems Received	310	349	205	163	1,027
Automated Drug Delivery Systems Responded	245	284	110	137	776
Pharmacist-in-Charge Received	920	965	1,037	1,020	3,942
Pharmacist-in-Charge Responded	774	700	992	953	3,419
Change of Permit Received	816	948	315	706	2,785
Change of Permit Responded	592	624	58	559	1,833
Renewals Received	2,141	2,311	2,104	2,521	9,077
Renewals Responded	1,970	2,056	1,882	2,314	8,222

<b>Telephone Calls Received</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representative	42	72	90	83	287
Advanced Practice Pharmacist	112	92	187	67	458
Pharmacist/Intern	1,030	740	602	594	2,966
Pharmacy	44	631	347	466	1,488
Sterile Compounding/Outsourcing	88	0	0	49	137
Wholesale/Clinic/Hypodermic/3PL	83	72	97	82	334
Automated Drug Delivery Systems	222	215	46	96	579
Pharmacist-in-Charge	103	139	136	161	539
Change of Permit	76	67	0	140	283
Renewals	1,246	1,223	863	1,167	4,499
Reception	19,930	15,197	15,979	17,387	68,493

**UPDATE LICENSING RECORDS**

<b>Change of Pharmacist-in-Charge</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	556	644	659	616	2,475
Processed	550	662	590	671	2,473
Approved	500	681	594	679	2,454
Pending (Data reflects number of pending at the end of the quarter.)	386	341	401	337	n/a
<b>Change of Designated Representative-in-Charge</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	44	34	28	62	168
Processed	38	37	31	61	167
Approved	38	45	22	47	152
Pending (Data reflects number of pending at the end of the quarter.)	70	58	64	79	n/a
<b>Change of Responsible Manager</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	5	7	10	12	34
Processed	4	7	9	14	34
Approved	5	8	6	12	31
Pending (Data reflects number of pending at the end of the quarter.)	7	6	9	9	n/a
<b>Change of Professional Director</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	18	31	33	35	117
Processed	15	32	32	36	115
Approved	66	27	35	16	144
Pending (Data reflects number of pending at the end of the quarter.)	61	61	59	79	n/a
<b>Change of Permits</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	658	333	584	510	2,085
Processed	66	276	66	929	1,337
Approved	50	193	82	875	1,200
Pending (Data reflects number of pending at the end of the quarter.)	2,415	2,555	3,068	2,744	n/a
<b>Clinic Co-Location</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	0	0	0	0	0
Processed	0	0	0	0	0
Approved	0	0	0	0	0
Pending (Data reflects number of pending at the end of the quarter.)	0	0	0	0	n/a
<b>Discontinuance of Business</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	112	109	107	108	436
Processed	115	95	100	127	437
Approved	109	69	113	117	408
Pending (Data reflects number of pending at the end of the quarter.)	321	363	332	330	n/a
<b>Intern Pharmacist Extensions</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Received	55	20	34	80	189
Processed	29	39	29	87	184
Completed	29	41	25	76	171
Pending (Data reflects number of pending at the end of the quarter.)	48	21	30	32	n/a
<b>Requests Approved</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Address/Name Changes	3,267	2,798	2,931	3,154	12,150
Off-site Storage	12	43	3	42	100
Transfer of Intern Hours	4	5	9	17	35
License Verification	214	133	129	232	708

**DISCONTINUED OF BUSINESS**

discontinued by date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	21	13	6	17	57
Automated Drug Delivery System (ADD(APD))	3	0	8	1	12
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	2	1	2	0	5
Clinics Government Owned (CLE)	11	14	2	0	27
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	2	0	1	3
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	1	0	0	1
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	1	1	0	3
Pharmacy (PHY)	23	28	27	15	93
Pharmacy (PHY) Chain	10	16	36	36	98
Pharmacy Government Owned (PHE)	1	0	2	3	6
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	2	8	7	20
Sterile Compounding (LSC)	13	6	4	4	27
Sterile Compounding Government Owned (LSE)	5	0	0	0	5
Sterile Compounding Nonresident (NSC)	1	2	1	0	4
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	2	0	0	2
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	5	3	3	5	16
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	3	4	4	2	13
<b>Total</b>	<b>82</b>	<b>82</b>	<b>98</b>	<b>74</b>	<b>336</b>

**LICENSES RENEWED**

<b>Individual Licenses Renewed</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	581	610	665	613	2,469
Designated Representatives Vet (EXV)	16	8	9	20	53
Designated Representatives-3PL (DRL)	94	87	74	92	347
Designated Representatives-Reverse Distributor (DRR)	1	0	3	0	4
Designated Paramedic (DPM)	2	0	0	0	2
Pharmacist (RPH)	6,119	5,835	5,167	5,442	22,563
Advanced Practice Pharmacist (APH)	112	103	111	126	452
Pharmacy Technician (TCH)	7,511	6,987	6,717	7,054	28,269
<b>Total</b>	<b>14,436</b>	<b>13,630</b>	<b>12,746</b>	<b>13,347</b>	<b>54,159</b>

<b>Site Licenses Renewed</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>	<b>Total FYTD</b>
Automated Drug Delivery System (ADD)	148	639	21	175	983
Automated Drug Delivery System EMS (ADE)	0	0	1	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	2	3
Centralized Hospital Packaging (CHP)	3	1	3	1	8
Clinics (CLN)	403	253	272	258	1,186
Clinics Government Owned (CLE)	7	819	31	13	870
Drug Room (DRM)	3	4	8	5	20
Drug Room Government Owned (DRE)	1	9	0	0	10
Hospitals (HSP)	74	148	67	97	386
Hospitals Government Owned (HPE)	39	22	2	16	79
Hospital Satellite Sterile Compounding (SCP)	2	1	0	1	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	1	2
Hypodermic Needle and Syringes (HYP)	76	40	57	56	229
Correctional Pharmacy (LCF)	0	57	0	1	58
Outsourcing Facility (OSF)	2	2	0	1	5
Outsourcing Facility Nonresident (NSF)	2	7	5	5	19
Pharmacy (PHY)	1,205	2,002	1,568	1,535	6,310
Pharmacy Government Owned (PHE)	25	85	8	18	136
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	81	150	142	122	495
Sterile Compounding (LSC)	138	263	126	164	691
Sterile Compounding Government Owned (LSE)	65	3	5	33	106
Sterile Compounding Nonresident (NSC)	9	16	12	16	53
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	10	3	11	5	29
Third-Party Logistics Providers Nonresident (NPL)	33	26	18	19	96
Veterinary Food-Animal Drug Retailer (VET)	3	3	7	5	18
Wholesalers (WLS)	138	103	100	116	457
Wholesalers Government Owned (WLE)	1	7	0	1	9
Wholesalers Nonresident (OSD)	200	176	162	178	716
<b>Total</b>	<b>2,670</b>	<b>4,840</b>	<b>2,626</b>	<b>2,844</b>	<b>12,980</b>

**CURRENT LICENSES - Data reflects number of licenses at the end of the quarter.**

<b>Individual Licenses</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Designated Representatives (EXC)	2,879	2,835	2,819	2,862
Designated Representatives Vet (EXV)	57	56	56	56
Designated Representatives-3PL (DRL)	402	387	389	408
Designated Representatives-Reverse Distributor (DRR)	7	9	9	9
Designated Paramedic (DPM)	30	3	3	3
Intern Pharmacist (INT)	6,257	6,054	5,994	5,397
Pharmacist (RPH)	49,081	49,196	49,033	49,018
Advanced Practice Pharmacist (APH)	912	987	1,041	1,066
Pharmacy Technician (TCH)	68,382	68,733	68,395	68,561
<b>Total</b>	<b>128,007</b>	<b>128,260</b>	<b>127,739</b>	<b>127,380</b>

<b>Site Licenses</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Automated Drug Delivery System (ADD(AUD))	879	888	901	946
Automated Drug Delivery System (ADD(APD))	62	60	55	57
Automated Drug Delivery System EMS (ADE)	1	1	1	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	2
Centralized Hospital Packaging (CHP)	8	8	9	9
Clinics (CLN)	1,326	1,339	1,362	1,381
Clinics Government Owned (CLE)	912	906	909	918
Drug Room (DRM)	23	22	22	22
Drug Room Government Owned (DRE)	10	10	10	10
Hospitals (HSP)	396	411	395	394
Hospitals Government Owned (HPE)	78	79	79	79
Hospital Satellite Sterile Compounding (SCP)	4	4	4	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	2	2
Hypodermic Needle and Syringes (HYP)	302	302	296	298
Correctional Pharmacy (LCF)	59	59	59	59
Outsourcing Facility (OSF)	4	4	4	4
Outsourcing Facility Nonresident (NSF)	25	22	21	21
Pharmacy (PHY)	6,369	6,366	6,433	6,314
Pharmacy Government Owned (PHE)	138	139	142	140
Remote Dispensing Pharmacy (PHR)	2	2	2	2
Pharmacy Nonresident (NRP)	612	625	632	636
Sterile Compounding (LSC)	744	761	744	739
Sterile Compounding Government Owned (LSE)	107	103	105	105
Sterile Compounding Nonresident (NSC)	63	63	59	59
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	1
Third-Party Logistics Providers (TPL)	38	38	38	39
Third-Party Logistics Providers Nonresident (NPL)	106	110	112	115
Veterinary Food-Animal Drug Retailer (VET)	20	20	20	21
Wholesalers (WLS)	550	555	554	546
Wholesalers Government Owned (WLE)	13	13	13	13
Wholesalers Nonresident (OSD)	845	852	848	853
<b>Total</b>	<b>12,822</b>	<b>12,879</b>	<b>12,933</b>	<b>12,844</b>
<b>Total Population of Licenses</b>	<b>140,829</b>	<b>141,139</b>	<b>140,672</b>	<b>140,224</b>

Licensing Statistics 3-Year Comparison

APPLICATIONS RECEIVED					
Individual Applications	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Designated Representatives (EXC)	344	436	379	10%	
Designated Representatives Vet (EXV)	7	5	3	-57%	
Designated Representatives-3PL (DRL)	85	108	116	36%	
Designated Representatives-Reverse Distributor (DRR)	2	3	6	200%	
Designated Paramedic (DPM)	3	0	1	-67%	
Intern Pharmacist (INT)	2,015	1,652	1,534	-24%	
Pharmacist Exam Applications	2,417	2,327	2,135	-12%	
Pharmacist Retake Exam Applications (exam applications)	1,333	1,666	1,860	40%	
Pharmacist (initial licensing applications)	1,958	1,954	1,701	-13%	
Advanced Practice Pharmacist (APH)	199	167	140	-30%	
Pharmacy Technician (TCH)	4,422	4,796	5,478	24%	
<b>Total</b>	<b>12,785</b>	<b>13,114</b>	<b>13,353</b>	<b>4%</b>	

Licensing Statistics 3-Year Comparison

Site Applications*	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Automated Drug Delivery System (ADD(AUD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	325	233	196	-40%	
Automated Drug Delivery System (ADD(APD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	n/a	n/a	8	n/a	
Automated Drug Delivery System EMS (ADE)	1	0	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	2	n/a	
Centralized Hospital Packaging Government Owned (CHE)	2	0	0	n/a	
Centralized Hospital Packaging (CHP)	1	1	1	0%	
Clinics (CLN)	122	104	95	-22%	
Clinics Government Owned (CLE)	515	53	59	-89%	
Drug Room (DRM)	0	4	2	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	30	23	29	-3%	
Hospitals Government Owned (HPE)	3	1	0	-100%	
Hospital Satellite Sterile Compounding (SCP)	2	0	0	-100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	0	-100%	
Hypodermic Needle and Syringes (HYP)	6	13	8	33%	
Correctional Pharmacy (LCF)	0	0	1	n/a	
Outsourcing Facility (OSF)	1	0	0	-100%	
Outsourcing Facility Nonresident (NSF)	12	7	2	-83%	
Pharmacy (PHY)	334	357	291	-13%	
Pharmacy (PHY) Chain	38	22	93	145%	
Pharmacy Government Owned (PHE)	7	9	5	-29%	
Remote Dispensing Pharmacy (PHR)	4	3	1	-75%	
Pharmacy Nonresident (NRP)	124	137	142	15%	
Sterile Compounding (LSC)	100	84	60	-40%	
Sterile Compounding Government Owned (LSE)	12	3	7	-42%	
Sterile Compounding Nonresident (NSC)	10	15	13	30%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	7	11	5	-29%	
Third-Party Logistics Providers Nonresident (NPL)	22	36	34	55%	
Veterinary Food-Animal Drug Retailer (VET)	0	0	1	n/a	
Wholesalers (WLS)	56	64	45	-20%	
Wholesalers Government Owned (WLE)	0	1	0	n/a	
Wholesalers Nonresident (OSD)	102	109	97	-5%	
<b>Total</b>	<b>1,838</b>	<b>1,292</b>	<b>1,197</b>	<b>-35%</b>	

\*Number of applications received includes the number of temporary applications received.

Licensing Statistics 3-Year Comparison

Applications Received with Temporary License Requests	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Drug Room -Temp (DRM)	0	6	1	n/a	
Hospitals - Temp (HSP)	25	22	30	20%	
Hospital Satellite Sterile Compounding - Temp (SCP)	1	0	0	-100%	
Outsourcing Facility - Temp (OSF)	1	0	0	-100%	
Outsourcing Facility Nonresident - Temp (NSF)	6	3	0	-100%	
Pharmacy - Temp (PHY)	265	265	307	16%	
Remote Dispensing Pharmacy - Temp (PHR)	1	1	0	-100%	
Pharmacy Nonresident - Temp (NRP)	81	94	103	27%	
Sterile Compounding - Temp (LSC)	51	51	49	-4%	
Sterile Compounding Nonresident - Temp (NSC)	4	8	9	125%	
Third-Party Logistics Providers - Temp (TPL)	4	6	4	0%	
Third-Party Logistics Providers Nonresident - Temp (NPL)	7	26	11	57%	
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	n/a	
Wholesalers - Temp (WLS)	37	29	21	-43%	
Wholesalers Nonresident - Temp (OSD)	30	35	46	53%	
<b>Total</b>	<b>513</b>	<b>546</b>	<b>581</b>	<b>13%</b>	
<b>Total Applications Received</b>	<b>15,136</b>	<b>14,952</b>	<b>15,131</b>	<b>0%</b>	

Licensing Statistics 3-Year Comparison

LICENSES ISSUED					
Individual Licenses	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Designated Representatives (EXC)	349	312	325	-7%	
Designated Representatives Vet (EXV)	6	2	1	-83%	
Designated Representatives-3PL (DRL)	87	91	62	-29%	
Designated Representatives-Reverse Distributor (DRR)	2	3	4	100%	
Designated Paramedic (DPM)	3	0	1	-67%	
Intern Pharmacist (INT)	1,932	1,611	1,481	-23%	
Pharmacist (RPH)	1,917	1,964	1,692	-12%	
Advanced Practice Pharmacist (APH)	253	87	178	-30%	
Pharmacy Technician (TCH)	4,644	4,004	5,791	25%	
<b>Total</b>	<b>9,193</b>	<b>8,074</b>	<b>9,535</b>	<b>4%</b>	

Licensing Statistics 3-Year Comparison

	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
<b>Site Licenses</b>					
Automated Drug Delivery System (ADD(AUD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	1,012	150	174	-83%	
Automated Drug Delivery System (ADD(APD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	n/a	n/a	21	n/a	
Automated Drug Delivery System EMS (ADE)	1	0	0	-100%	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	n/a	
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	-100%	
Centralized Hospital Packaging (CHP)	0	1	1	n/a	
Clinics (CLN)	202	71	80	-60%	
Clinics Government Owned (CLE)	531	44	52	-90%	
Drug Room (DRM)	0	0	0	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	1	0	2	100%	
Hospitals Government Owned (HPE)	1	1	1	0%	
Hospital Satellite Sterile Compounding (SCP)	1	0	0	-100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	1	0	-100%	
Hypodermic Needle and Syringes (HYP)	6	3	3	-50%	
Correctional Pharmacy (LCF)	1	0	0	-100%	
Outsourcing Facility (OSF)	0	0	0	n/a	
Outsourcing Facility Nonresident (NSF)	4	1	1	-75%	
Pharmacy (PHY)	118	78	92	-22%	
Pharmacy Government Owned (PHE)	5	4	5	0%	
Remote Dispensing Pharmacy (PHR)	1	0	1	0%	
Pharmacy Nonresident (NRP)	28	17	31	11%	
Sterile Compounding (LSC)	58	32	26	-55%	
Sterile Compounding Government Owned (LSE)	4	3	6	50%	
Sterile Compounding Nonresident (NSC)	2	0	0	-100%	
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	-100%	
Third-Party Logistics Providers (TPL)	5	2	3	-40%	
Third-Party Logistics Providers Nonresident (NPL)	16	10	9	-44%	
Veterinary Food-Animal Drug Retailer (VET)	0	0	1	n/a	
Wholesalers (WLS)	31	22	27	-13%	
Wholesalers Government Owned (WLE)	0	0	1	n/a	
Wholesalers Nonresident (OSD)	61	42	52	-15%	
<b>Total</b>	<b>2,092</b>	<b>482</b>	<b>589</b>	<b>-72%</b>	
<b>Site Temporary Licenses</b>					
Drug Room -Temp (DRM)	0	3	4	n/a	
Hospitals - Temp (HSP)	10	28	28	180%	
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0%	
Outsourcing Facility - Temp (OSF)	0	1	0	n/a	
Outsourcing Facility Nonresident - Temp (NSF)	3	3	0	-100%	
Pharmacy - Temp (PHY)	245	199	289	18%	
Remote Dispensing Pharmacy - Temp (PHR)	0	2	0	n/a	
Pharmacy Nonresident - Temp (NRP)	78	70	85	9%	
Sterile Compounding - Temp (LSC)	36	48	36	0%	
Sterile Compounding Nonresident - Temp (NSC)	7	5	3	-57%	
Third-Party Logistics Providers - Temp (TPL)	3	4	1	-67%	
Third-Party Logistics Providers Nonresident - Temp (NPL)	7	11	9	29%	
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	n/a	
Wholesalers - Temp (WLS)	24	25	11	-54%	
Wholesalers Nonresident - Temp (OSD)	35	28	33	-6%	
<b>Total</b>	<b>448</b>	<b>427</b>	<b>499</b>	<b>11%</b>	
<b>Total Licenses Issued</b>	<b>11,733</b>	<b>8,983</b>	<b>10,623</b>	<b>-9%</b>	

Licensing Statistics 3-Year Comparison

<b>PENDING APPLICATIONS</b>					
	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>% CHANGE FY 19/20 to FY 21/22</b>	<b>TREND LINES</b>
<b>Individual Applications</b>					
Designated Representatives (EXC)	379	253	291	-23%	
Designated Representatives Vet (EXV)	5	7	9	80%	
Designated Representatives-3PL (DRL)	103	49	101	-2%	
Designated Representatives-Reverse Distributor (DRR)	2	0	5	150%	
Designated Paramedic (DPM)	0	0	0	0%	
Intern Pharmacist (INT)	113	127	162	43%	
Pharmacist (exam applications)	1,120	1,516	1,645	47%	
Pharmacist (eligible)	2,417	2,010	1,843	-24%	
Advanced Practice Pharmacist (APH)	71	138	98	38%	
Pharmacy Technician (TCH)	1,091	1,808	962	-12%	
<b>Total</b>	<b>5,301</b>	<b>5,908</b>	<b>5,116</b>	<b>-3%</b>	
<b>Site Applications</b>					
Automated Drug Delivery System (ADD(AUD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	144	199	119	-17%	
Automated Drug Delivery System (ADD(APD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	n/a	n/a	46	n/a	
Automated Drug Delivery System EMS (ADE)	0	0	0	0%	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0%	
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	0%	
Centralized Hospital Packaging (CHP)	4	3	2	-50%	
Clinics (CLN)	91	109	116	27%	
Clinics Government Owned (CLE)	28	23	26	-7%	
Drug Room (DRM)	0	4	2	n/a	
Drug Room Government Owned (DRE)	0	0	0	0%	
Hospitals (HSP)	20	11	9	-55%	
Hospitals Government Owned (HPE)	2	2	1	-50%	
Hospital Satellite Sterile Compounding (SCP)	2	2	1	-50%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	2	0%	
Hypodermic Needle and Syringes (HYP)	2	12	14	600%	
Correctional Pharmacy (LCF)	0	0	1	n/a	
Outsourcing Facility (OSF)	1	0	0	-100%	
Outsourcing Facility Nonresident (NSF)	5	9	9	80%	
Pharmacy (PHY)	150	217	185	23%	
Pharmacy Government Owned (PHE)	2	6	8	300%	
Remote Dispensing Pharmacy (PHR)	3	4	4	33%	
Pharmacy Nonresident (NRP)	128	164	179	40%	
Sterile Compounding (LSC)	84	76	70	-17%	
Sterile Compounding Government Owned (LSE)	10	10	9	-10%	
Sterile Compounding Nonresident (NSC)	9	14	21	133%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0%	
Third-Party Logistics Providers (TPL)	0	4	5	n/a	
Third-Party Logistics Providers Nonresident (NPL)	43	57	62	44%	
Veterinary Food-Animal Drug Retailer	1	0	0	-100%	
Wholesalers (WLS)	37	45	47	27%	
Wholesalers Government Owned (WLE)	1	1	1	0%	
Wholesalers Nonresident (OSD)	89	119	121	36%	
<b>Total</b>	<b>859</b>	<b>1,094</b>	<b>942</b>	<b>10%</b>	

The number of temps pending issuance is reported in the primary license.

Licensing Statistic 3-Year Comparison

Applications Pending with Temporary Licenses Issued - Pending Full License	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Drug Room -Temp (DRM)	0	3	3	n/a	
Hospitals - Temp (HSP)	3	17	22	633%	
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0%	
Outsourcing Facility - Temp (OSF)	0	0	0	0%	
Outsourcing Facility Nonresident - Temp (NSF)	2	2	0	-100%	
Pharmacy - Temp (PHY)	126	94	189	50%	
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0%	
Pharmacy Nonresident - Temp (NRP)	45	41	56	24%	
Sterile Compounding - Temp (LSC)	9	29	26	189%	
Sterile Compounding Nonresident - Temp (NSC)	3	4	3	0%	
Third-Party Logistics Providers - Temp (TPL)	1	1	0	-100%	
Third-Party Logistics Providers Nonresident - Temp (NPL)	0	5	3	n/a	
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0%	
Wholesalers - Temp (WLS)	7	10	3	-57%	
Wholesalers Nonresident - Temp (OSD)	3	7	9	200%	
<b>Total</b>	<b>199</b>	<b>213</b>	<b>314</b>	<b>58%</b>	
<b>Total Licenses Pending</b>	<b>6,359</b>	<b>7,215</b>	<b>6,372</b>	<b>0%</b>	

Licensing Statistics 3-Year Comparison

WITHDRAWN APPLICATIONS

Individual Applications	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Designated Representatives (EXC)	15	241	4	-73%	
Designated Representatives Vet (EXV)	1	1	0	-100%	
Designated Representatives-3PL (DRL)	6	70	0	-100%	
Designated Representatives-Reverse Distributor (DRR)	0	2	0	n/a	
Designated Paramedic (DPM)	0	0	0	0%	
Intern Pharmacist (INT)	5	10	2	-60%	
Pharmacist (Exam)*	179	675	449	151%	
Advanced Practice Pharmacist (APH)	69	13	0	-100%	
Pharmacy Technician (TCH)	63	17	493	683%	
<b>Total</b>	<b>338</b>	<b>1,029</b>	<b>948</b>	<b>180%</b>	

Site Applications	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Automated Drug Delivery System (ADD(AUD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	100	21	36	-64%	
Automated Drug Delivery System (ADD(APD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	n/a	n/a	5	n/a	
Automated Drug Delivery System EMS	0	0	0	0%	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0%	
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0%	
Centralized Hospital Packaging (CHP)	2	1	1	-50%	
Clinics (CLN)	3	11	6	100%	
Clinics Government Owned (CLE)	31	11	3	-90%	
Drug Room (DRM)	0	0	0	0%	
Drug Room Government Owned (DRE)	0	0	0	0%	
Hospitals (HSP)	4	1	0	-100%	
Hospitals Government Owned (HPE)	0	0	0	0%	
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	1	0	n/a	
Hypodermic Needle and Syringes (HYP)	9	0	0	-100%	
Correctional Pharmacy (LCF)	0	0	0	0%	
Outsourcing Facility (OSF)	1	0	0	-100%	
Outsourcing Facility Nonresident (NSF)	4	0	1	-75%	
Pharmacy (PHY)	31	24	14	-55%	
Pharmacy Government Owned (PHE)	0	2	1	n/a	
Remote Dispensing Pharmacy (PHR)	0	0	0	0%	
Pharmacy Nonresident (NRP)	8	5	9	13%	
Sterile Compounding (LSC)	15	8	4	-73%	
Sterile Compounding Government Owned (LSE)	1	0	1	0%	
Sterile Compounding Nonresident (NSC)	1	2	3	200%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0%	
Third-Party Logistics Providers (TPL)	5	1	0	-100%	
Third-Party Logistics Providers Nonresident (NPL)	13	5	6	-54%	
Veterinary Food-Animal Drug Retailer (VET)	0	1	0	n/a	
Wholesalers (WLS)	8	6	1	-88%	
Wholesalers Government Owned (WLE)	0	0	0	0%	
Wholesalers Nonresident (OSD)	31	7	10	-68%	
<b>Total</b>	<b>267</b>	<b>107</b>	<b>65</b>	<b>-76%</b>	
<b>Total Applications Withdrawn</b>	<b>605</b>	<b>1,136</b>	<b>1,013</b>	<b>67%</b>	

The number of temps withdrawn is reflected in the number reported for the primary license.

Licensing Statistics 3-Year Comparison

DENIED APPLICATIONS					
Individual Applications	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Designated Representatives Vet (EXV)	0	0	0	0%	
Designated Representatives-3PL (DRL)	0	0	0	0%	
Designated Paramedic (DPM)	0	0	1	n/a	
Designated Representatives-Reverse Distributor (DRR)	0	0	0	n/a	
Intern Pharmacist (INT)	1	0	0	-100%	
Pharmacist (exam applications)	4	2	0	-100%	
Pharmacist (eligible)	0	4	5	n/a	
Advanced Practice Pharmacist (APH)	0	0	0	0%	
Pharmacy Technician (TCH)	27	0	0	-100%	
<b>Total</b>	<b>32</b>	<b>6</b>	<b>6</b>	<b>-81%</b>	
Site Applications	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Government Owned (CHE)	0	0	0	0%	
Centralized Hospital Packaging (CHP)	0	0	0	0%	
Clinics (CLN)	0	0	0	0%	
Clinics Government Owned (CLE)	0	0	0	0%	
Drug Room (DRM)	0	0	0	0%	
Drug Room Government Owned (DRE)	0	0	0	0%	
Hospitals (HSP)	0	0	0	0%	
Hospitals Government Owned (HPE)	0	0	0	0%	
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0%	
Hypodermic Needle and Syringes (HYP)	0	0	0	0%	
Hypodermic Needle and Syringes Government Owned (HYE)	0	0	0	0%	
Correctional Pharmacy (LCF)	0	0	0	0%	
Outsourcing Facility (OSF)	1	2	1	0%	
Outsourcing Facility Nonresident (NSF)	1	11	12	1100%	
Pharmacy (PHY)	11	0	0	-100%	
Pharmacy Government Owned (PHE)	0	0	0	0%	
Remote Dispensing Pharmacy (PHR)	0	4	3	n/a	
Pharmacy Nonresident (NRP)	0	0	0	0%	
Sterile Compounding (LSC)	2	0	0	-100%	
Sterile Compounding Government Owned (LSE)	0	2	2	n/a	
Sterile Compounding Nonresident (NSC)	0	0	0	0%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0%	
Third-Party Logistics Providers (TPL)	0	0	0	0%	
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0%	
Veterinary Food-Animal Drug Retailer (VET)	0	0	1	n/a	
Wholesalers (WLS)	1	0	0	-100%	
Wholesalers Government Owned (WLE)	0	0	0	0%	
Wholesalers Nonresident (OSD)	0	19	19	n/a	
<b>Total</b>	<b>16</b>	<b>38</b>	<b>38</b>	<b>138%</b>	
<b>Total Applications Denied</b>	<b>48</b>	<b>44</b>	<b>44</b>	<b>-8%</b>	

The number of temps denied is reflected in the number reported for the primary license.



Licensing Statistics 3-Year Comparison

UPDATE LICENSING RECORDS					
	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
<b>Change of Pharmacist-in-Charge</b>					
Received	2,017	2,009	2,475	23%	
Processed	2,128	1,905	2,473	16%	
Approved	2,389	1,897	2,454	3%	
Pending	178	294	337	89%	
<b>Change of Designated Representative-in-Charge</b>					
Received	161	131	168	4%	
Processed	185	132	167	-10%	
Approved	202	115	152	-25%	
Pending	46	62	79	72%	
<b>Change of Responsible Manager</b>					
Received	26	25	34	31%	
Processed	28	25	34	21%	
Approved	31	20	31	0%	
Pending	1	6	9	800%	
<b>Change of Professional Director*</b>					
Received	106	137	117	10%	
Processed	111	136	115	4%	
Approved	82	57	144	76%	
Pending	30	112	79	163%	
<b>Change of Permits</b>					
Received	1,288	1,193	2,085	62%	
Processed	1,462	1,032	1,337	-9%	
Approved	1,124	1,097	1,200	7%	
Pending	1,717	1,797	2,744	60%	
<b>Clinic Co-Location</b>					
Received	0	0	0	0%	
Processed	0	0	0	0%	
Approved	0	0	0	0%	
Pending	0	0	0	0%	
<b>Discontinuance of Business</b>					
Received	422	364	436	3%	
Processed	507	321	437	-14%	
Approved	459	254	408	-11%	
Pending	227	318	330	45%	
<b>*Intern Pharmacist Extensions</b>					
Received	n/a	145	189	n/a	
Processed	n/a	152	184	n/a	
Completed	n/a	136	171	n/a	
Pending	n/a	20	32	n/a	
* The Board did not start reporting Intern Pharmacist Extensions until FY 20/21					
<b>Requests Approved</b>					
Address/Name Changes	12,892	12,744	12,150	-6%	
Off-site Storage	736	166	100	-86%	
Transfer of Intern Hours	42	29	35	-17%	
License Verification	2,112	1,748	708	-66%	

Licensing Statistics 3-Year Comparison

DISCONTINUED OF BUSINESS					
Site Licenses	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
Automated Drug Delivery System (ADD(AUD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	57	98	57	0%	
Automated Drug Delivery System (ADD(APD)) ** ADD (AUD & APD) Combined in AUD for FY 19-21.	n/a	n/a	12	n/a	
Automated Drug Delivery System EMS (ADE)	0	0	0	0%	
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	n/a	
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0%	
Centralized Hospital Packaging (CHP)	0	0	0	0%	
Clinics (CLN)	15	31	5	-67%	
Clinics Government Owned (CLE)	4	4	27	575%	
Drug Room (DRM)	0	6	0	n/a	
Drug Room Government Owned (DRE)	0	0	0	0%	
Hospitals (HSP)	2	4	3	50%	
Hospitals Government Owned (HPE)	2	2	0	-100%	
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0%	
Hypodermic Needle and Syringes (HYP)	1	2	1	0%	
Correctional Pharmacy (LCF)	0	2	1	n/a	
Outsourcing Facility (OSF)	1	0	0	-100%	
Outsourcing Facility Nonresident (NSF)	3	2	3	0%	
Pharmacy (PHY)	139	89	93	-33%	
Pharmacy (PHY) chain	82	44	98	20%	
Pharmacy Government Owned (PHE)	0	2	6	n/a	
Remote Dispensing Pharmacy (PHR)	0	1	0	n/a	
Pharmacy Nonresident (NRP)	22	19	20	-9%	
Sterile Compounding (LSC)	47	26	27	-43%	
Sterile Compounding Government Owned (LSE)	6	8	5	-17%	
Sterile Compounding Nonresident (NSC)	5	3	4	-20%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0%	
Third-Party Logistics Providers (TPL)	1	2	0	-100%	
Third-Party Logistics Providers Nonresident (NPL)	3	3	2	-33%	
Veterinary Food-Animal Drug Retailer (VET)	1	0	0	-100%	
Wholesalers (WLS)	22	7	16	-27%	
Wholesalers Government Owned (WLE)	2	1	0	-100%	
Wholesalers Nonresident (OSD)	16	19	13	-19%	
<b>Total</b>	<b>431</b>	<b>376</b>	<b>336</b>	<b>-22%</b>	

Licensing Statistics 3-Year Comparison

LICENSES RENEWED

	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
<b>Individual Licenses Renewed</b>					
Designated Representatives (EXC)	2,464	2,363	2,469	0%	
Designated Representatives Vet (EXV)	63	51	53	-16%	
Designated Representatives-3PL (DRL)	254	277	347	37%	
Designated Representatives-Reverse Distributor (DRR)	2	1	4	100%	
Designated Paramedic (DPM)	0	1	2	n/a	
Pharmacist (RPH)	21,920	20,413	22,563	3%	
Advanced Practice Pharmacist (APH)	311	410	452	45%	
Pharmacy Technician (TCH)	30,705	29,073	28,269	-8%	
<b>Total</b>	<b>55,719</b>	<b>52,589</b>	<b>54,159</b>	<b>-3%</b>	

	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
<b>Site Licenses Renewed</b>					
Automated Drug Delivery System (ADD)	604	790	983	63%	
Automated Drug Delivery System EMS (ADE)	0	1	1	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	1	0	0	-100%	
Centralized Hospital Packaging Government Owned (CHE)	1	3	3	200%	
Centralized Hospital Packaging (CHP)	7	7	8	14%	
Clinics (CLN)	1,056	1,126	1,186	12%	
Clinics Government Owned (CLE)	357	943	870	144%	
Drug Room (DRM)	23	17	20	-13%	
Drug Room Government Owned (DRE)	10	10	10	0%	
Hospitals (HSP)	379	362	386	2%	
Hospitals Government Owned (HPE)	75	71	79	5%	
Hospital Satellite Sterile Compounding (SCP)	2	4	4	100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	1	2	0%	
Hypodermic Needle and Syringes (HYP)	240	221	229	-5%	
Correctional Pharmacy (LCF)	59	61	58	-2%	
Outsourcing Facility (OSF)	6	3	5	-17%	
Outsourcing Facility Nonresident (NSF)	12	19	19	58%	
Pharmacy (PHY)	6,241	6,065	6,310	1%	
Pharmacy Government Owned (PHE)	128	132	136	6%	
Remote Dispensing Pharmacy (PHR)	0	1	1	n/a	
Pharmacy Nonresident (NRP)	486	491	495	2%	
Sterile Compounding (LSC)	682	686	691	1%	
Sterile Compounding Government Owned (LSE)	110	111	106	-4%	
Sterile Compounding Nonresident (NSC)	60	55	53	-12%	
Surplus Medication Collection Distribution Intermediary (SME)	0	1	0	n/a	
Third-Party Logistics Providers (TPL)	27	23	29	7%	
Third-Party Logistics Providers Nonresident (NPL)	68	76	96	41%	
Veterinary Food-Animal Drug Retailer (VET)	16	16	18	13%	
Wholesalers (WLS)	414	417	457	10%	
Wholesalers Government Owned (WLE)	12	11	9	-25%	
Wholesalers Nonresident (OSD)	608	673	716	18%	
<b>Total</b>	<b>11,686</b>	<b>12,397</b>	<b>12,980</b>	<b>11%</b>	
<b>Total Licenses Renewed</b>	<b>67,405</b>	<b>64,986</b>	<b>67,139</b>	<b>0%</b>	

Licenses identified as "n/a" were not in effect or eligible for renewal during the fiscal year.

Licensing Statistic 3-Year Comparison

CURRENT LICENSE POPULATION					
	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
<b>Individual Licenses</b>					
Designated Representatives (EXC)	2,885	2,844	2,862	-1%	
Designated Representatives Vet (EXV)	67	59	56	-16%	
Designated Representatives-3PL (DRL)	347	392	408	18%	
Designated Representatives-Reverse Distributor (DRR)	4	7	9	125%	
Designated Paramedic (DPM)	3	3	3	0%	
Intern Pharmacist (INT)	6,943	5,999	5,397	-22%	
Pharmacist (RPH)	47,926	48,568	49,018	2%	
Advanced Practice Pharmacist (APH)	803	890	1,066	33%	
Pharmacy Technician (TCH)	69,233	67,986	68,561	-1%	
<b>Total</b>	<b>128,211</b>	<b>126,748</b>	<b>127,380</b>	<b>-1%</b>	
	FY 19/20	FY 20/21	FY 21/22	% CHANGE FY 19/20 to FY 21/22	TREND LINES
<b>Site Licenses</b>					
Automated Drug Delivery System (ADD)	910	946	1,003	10%	
Automated Drug Delivery System EMS (ADE)	1	1	1	0%	
Automated Patient Dispensing System 340B Clinic (ADC)	1	0	0	-100%	
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	0%	
Centralized Hospital Packaging (CHP)	8	8	9	13%	
Clinics (CLN)	1,301	1,326	1,381	6%	
Clinics Government Owned (CLE)	880	910	918	4%	
Drug Room (DRM)	22	22	22	0%	
Drug Room Government Owned (DRE)	10	10	10	0%	
Hospitals (HSP)	389	394	394	1%	
Hospitals Government Owned (HPE)	82	78	79	-4%	
Hospital Satellite Sterile Compounding (SCP)	4	4	4	0%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	2	2	100%	
Hypodermic Needle and Syringes (HYP)	300	302	298	-1%	
Correctional Pharmacy (LCF)	61	61	59	-3%	
Outsourcing Facility (OSF)	4	4	4	0%	
Outsourcing Facility Nonresident (NSF)	24	25	21	-13%	
Pharmacy (PHY)	6,399	6,376	6,314	-1%	
Pharmacy Government Owned (PHE)	135	137	140	4%	
Remote Dispensing Pharmacy (PHR)	1	2	2	100%	
Pharmacy Nonresident (NRP)	581	605	636	9%	
Sterile Compounding (LSC)	746	741	739	-1%	
Sterile Compounding Government Owned (LSE)	113	110	105	-7%	
Sterile Compounding Nonresident (NSC)	68	63	59	-13%	
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	0%	
Third-Party Logistics Providers (TPL)	33	35	39	18%	
Third-Party Logistics Providers Nonresident (NPL)	84	101	115	37%	
Veterinary Food-Animal Drug Retailer (VET)	21	20	21	0%	
Wholesalers (WLS)	545	546	546	0%	
Wholesalers Government Owned (WLE)	14	14	13	-7%	
Wholesalers Nonresident (OSD)	789	830	853	8%	
<b>Total</b>	<b>13,530</b>	<b>13,676</b>	<b>13,790</b>	<b>2%</b>	
<b>Total Population</b>	<b>141,741</b>	<b>140,424</b>	<b>141,170</b>	<b>0%</b>	

Licenses identified as "n/a" were not in effect during the fiscal year.