



**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**

### **June 12, 2025**

Seung Oh, PharmD, Licensee Member, Chairperson  
Trevor Chandler, Public Member, Vice-Chairperson  
Renee Barker, PharmD, Licensee Member  
Jessica Crowley, PharmD, Licensee Member  
Claudia Mercado, Public Member  
Satinder Sandhu, PharmD, Licensee Member

- I. Call to Order, Establishment of Quorum, and General Announcements**
- II. Public Comment on Items Not on the Agenda/Agenda Items for Future Meetings**

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

- III. Approval of the Draft Minutes of the October 14, 2024 Licensing Committee Meeting**

**Attachment 1** includes the draft minutes from the October 14, 2024 meeting.

- IV. Discussion and Consideration of Title 16, California Code of Regulations, Section 1793.8, Technicians in Hospitals with Clinical Pharmacy Programs, Including Presentations**

#### Relevant Law

[BPC 4038](#) defines “pharmacy technician” to mean an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified in BPC 4115.

[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. Further, this section provides that in a health care facility licensed under subdivision (a) of section 1250 of the Health and Safety Code, a pharmacy technician's duties may include any of the following:

- Packaging emergency supplies for use in the health care facility and the hospital's emergency medical system or as authorized under BPC 4119.
- Sealing emergency containers for use in the health care facility.

- Performing monthly checks of drug supplies stored throughout the health care facility.

[Title 16, CCR section 1793.2](#) specifies that the term “nondiscretionary tasks” as used in BPC 4115 includes:

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

[BPC 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 upon the patient’s admission to a hospital under specified conditions.

[Title 16, CCR section 1793.8](#) establishes provisions for a general acute care hospital (as defined in subdivision (a) of Health and Safety Code section 1250) that has an ongoing clinical pharmacy program to allow a pharmacy technician to check the work of another pharmacy technician in connection with the filling of floor and ward stock and unit dose distribution systems under specified conditions.

#### Background

Beginning in 2022, the Licensing Committee began a comprehensive review of the authorized duties of a pharmacy technician. The Committee’s efforts included conducting listening sessions and a pharmacy technician summit. At that time, the listening sessions focused primarily on the community pharmacy setting. Following analysis and consideration by the Board, the Board sought changes to expand the authorized duties of a pharmacy technician. These expanded duties primarily focused on duties a pharmacy technician performs in the outpatient or community pharmacy setting.

#### For Committee Consideration and Discussion

Continuing its work in assessing authorized duties for pharmacy technicians, during the meeting members will receive presentations from several hospitals. Following the presentations, it may be appropriate for the Committee to determine if subsequent discussion should be scheduled to consider if either statutory amendments or amendments to 16 CCR section 1793.8 are appropriate.

### **V. Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio in the Inpatient Setting**

#### Relevant Law

[BPC 4115](#) establishes the general conditions under which a pharmacy may use a pharmacy technician. The section provides that the ratio of pharmacists to pharmacy technicians established in subdivision (g) is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for a person receiving treatment in a facility operated by other specified state departments.

[Title 16, CCR section 1793.7](#) establishes a ratio of not less than one pharmacist on duty for a total of two pharmacy technicians on duty for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency.

#### Background

In 2024, the Licensing Committee released a survey related to the pharmacist to pharmacy technician ratio. The results of the survey were discussed during the July 2024 Licensing Committee meeting. The survey results differentiated the results between the institutional and non-institutional settings.

Following discussion of the survey results, the Board included as part of its 2025 Sunset Oversight Review Report a recommended statutory change to increase the ratio in the non-institutional setting.

#### For Committee Consideration and Discussion

During the meeting, members will have the opportunity to begin discussion on the ratio established in 16 CCR section 1793.7 to determine if the current ratio remains appropriate or if the Board should consider changes.

**Attachment 2** includes a copy of relevant slides from the survey conducted last year.

## **VI. Discussion and Consideration of Proposed Changes to Application Questions for Individual Licenses**

#### Background

The federal Lorna Breen Health Care Provider Protection Act, Public Law No. 117-105 (Act) was enacted in March 2022 and aims to address mental health challenges faced by health care professionals. The Act includes several components with the goal of reducing stigma, enhancing support systems, and ultimately improving the wellbeing of health care workers.

In support of the Act, the Wellbeing First Champion Challenge program provides recommendations to licensing boards, hospitals, and health systems on wording for applications for health care professions so that the applications are free of intrusive mental health questions and stigmatizing language. It is recommended

that the Board update application questions consistent with the recommendations. Three recommendations are offered for licensing boards to consider.

1. Ask one question that addresses all mental and physical health conditions as one, with no added explanations, asterisks, or fine print.
2. Refrain from asking probing questions about the applicant's health altogether.
3. Implement an Attestation Model that uses supportive language around mental health.

Staff note that the pharmacy technician application is incorporated by reference in regulation. As such, a formal rulemaking will be necessary to finalize changes to the pharmacy technician application.

Following implementation of revised applications, the Board can pursue the "Wellbeing First Champion Badge," which serves as a visual recognition for health care workers that licensing boards prioritize their mental health and wellbeing – removing a substantial barrier to mental health care access.

Related to this issue, the American Society of Health-System Pharmacists provides resources on its [website](#).

#### Current Impairment or Limitation Question on the Individual Applications

Provided below is the current application language and questions related to this issue.

*The Board makes an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the Board is unable to make a determination based on the information provided, the Board may require an applicant to be examined by one or more physicians or psychologists, at the Board's cost, to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant.*

- A. *Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?*

Yes \_\_\_\_ No \_\_\_\_ **If Yes, attach a statement of explanation.**

- B. *Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?*

Yes \_\_\_\_ No \_\_\_\_ **If Yes, attach a statement of explanation.**

C. Do you have any other condition that may in any way impair or limit your ability to practice safely?

Yes \_\_\_\_ No \_\_\_\_ **If Yes, attach a statement of explanation.**

D. Have you ever participated in, been enrolled in, or required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?

Yes \_\_\_\_ No \_\_\_\_ **If Yes, attach a statement of explanation.**

E. If you answered "Yes" to questions listed under 8 (A through D) above, have you ever received treatment or participated in any program that improves your ability to practice safely?

Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ **If Yes, attach a statement of explanation.**

During the Committee's October 2024 meeting, members considered proposed changes to the application questions to align with the recommendations. Provided below is revised language approved by the Committee and Board.

*The Board makes an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the Board is unable to make a determination based on the information provided, the Board may require an applicant to be examined by one or more physicians or psychologists, at the Board's cost, to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant.*

1. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice pharmacy in a competent, ethical, and professional manner?

Yes \_\_\_\_ No \_\_\_\_ **If Yes, attach a statement of explanation.**

2. Have you ever participated in, been enrolled in, or been required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?

Yes \_\_\_\_ No \_\_\_\_ **If Yes, attach a statement of explanation.**

Since that time, staff submitted the draft intern pharmacist application for review and feedback from the Dr. Lorna Breen Heroes' Foundation (Foundation). Based

on their review, it is recommended that the Board remove question two above. Their analysis included that the question:

“is overly broad and invasive, and may discourage applicants from seeking treatment. Additionally, it is duplicative, as applicants are already asked about any current conditions that would impair or adversely affect their judgment or their ability to practice pharmacy in a competent, ethical, and professional manner.

One of the primary reasons pharmacists, pharmacist interns, pharmacy technicians, and other healthcare professionals do not seek care is the fear that they will have to disclose it to a licensing board or future employer. If the applicant has been previously treated for a drug, alcohol or substance use disorder, or is currently receiving care, the care provider typically has obligations to report or intervene if there is a current threat to patient safety. In a past-treatment context, the existence of past treatment is not an indicator of future performance. And if there is ongoing treatment, it is likely that either the Board already is aware, or the treating professional has imposed limitations that would need to be disclosed under other required disclosures on the application. Requiring disclosure of treatment when there is no current impairment is one of the primary reasons why pharmacists, pharmacist interns, pharmacy technicians, and other healthcare professionals do not seek care. Fear and stigma are powerful, and including this question will deter treatment and arguably not benefit the institution.”

#### For Committee Discussion and Consideration

During the meeting, members will have the opportunity to review the recommendation offered by the Foundation. Following discussion by the Committee and Board, staff will begin updating forms as appropriate. Any forms that are incorporated by reference in regulation will be brought to a future meeting to be considered for Board action and initiation of a rulemaking where necessary.

## **VII. Presentation, Discussion, and Consideration of Results of the Pharmacy and Pharmacy Technician Workforce Surveys**

### Background

As part of the Board's last sunset review, the Board committed to conducting a survey to gain a better understanding of working conditions. The Board completed a workforce study in 2021. The [results](#) of the study were released in December 2021.

Since that time, the Board sponsored legislation, AB 1286 (Haney, Chapter 470, Statutes of 2023), that sought to address some of the working condition issues raised by the initial survey results.

During its October 2024 meeting, members determined it was appropriate to release a new survey to gain a better understanding of current working conditions in the community pharmacy setting. The Board determined that it would be appropriate to release a survey soliciting feedback from pharmacists and a second survey soliciting feedback from pharmacy technicians.

Board staff again partnered with experts with the Office of Professional Examination Services to prepare the results of the survey.

#### For Committee Consideration and Discussion

During the meeting, members will receive a brief presentation on the results of the surveys.

### **VIII. Discussion and Consideration of Committee's Strategic Goals**

#### Background

The Board's [Strategic Plan 2022-2026](#) includes nine strategic objectives to 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.

#### **Goal 1: Licensing Committee**

The Board promotes licensing standards to protect consumers and allow reasonable access to the profession.

##### **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.**

July 2022 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.

July 2023 Status: The Board sponsored AB 1557 (Flora, Chapter 141, Statutes of 2023) provisions to make permanent authority for pharmacists to perform medication chart order review from outside of the licensed premises as specified.

July 2024 Status: The Board considered (1) proposed changes to allow for a pharmacy technician to compound outside of a licensed pharmacy under the direct supervision and control of a pharmacist.; and (2) a standard of

care proposal to allow for a pharmacist to perform additional functions outside of a licensed pharmacy.

June 2025 Status: The Board sponsors provisions in Assembly Bill 1503 (Berman, 2025) to secure changes to streamline and transition to a more robust standard of care practice model for pharmacists and establish authority for pharmacy technicians to compound and administer vaccines outside of a pharmacy while under the direct supervision and control of a pharmacist.

## **1.2 Consider and pursue necessary changes in the law regarding various pharmacy practice settings to ensure variances in the practice are appropriate.**

July 2023 Status: The Board implemented provisions related to the use of a mobile unit as an extension of a pharmacy under specified conditions. The Board supported Assembly Bill 663 (Haney, Chapter 539, Statutes of 2023) related to expansion of the use of mobile units.

July 2024 Status: The Board evaluated the requirements for nonresident pharmacies and central fill pharmacies and considered proposed amendments to pharmacy law and regulations related to both business models.

June 2025 Status: The Board sponsors provisions in Assembly Bill 1503 to secure changes in requirements for nonresident pharmacies.

## **1.3 Explore, and pursue changes in law as appropriate, for the authorized duties of a pharmacy technician and potential expansion based on other jurisdictions to expand authorized duties.**

July 2022 Status: The Committee convened listening sessions and released surveys soliciting feedback from licensees on potential changes to pharmacy technician authorities. The Committee continued its evaluation of the results of the information received.

July 2023 Status: The Board sponsored Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023), a comprehensive patient safety measure. Among the changes, the Board proposed changes to expand authorized duties a pharmacy technician may perform to assist a pharmacist.

July 2024 Status: Following signature by the governor, the Board implements provisions of AB 1286, which includes expansion the authorized functions of a pharmacy technician.

June 2025 Status: The Board seeks technical changes to clarify provisions on authorized functions of a pharmacy technician. The Licensing Committee begins evaluation of authorized functions of a pharmacy technician in the hospital setting.



**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.**

July 2022 Status: In October 2021, the Board approved development of regulations to establish minimum requirements for pharmacists seeking to serve as a PIC. Further, development of a training program was underway.

July 2024 Status: The approved regulations were noticed for 45-day public comment in November 2023 and 15-day public comment in April 2024.

June 2025 Status: The Board develops and releases PIC training program. Training requirements become effective April 1, 2025.

**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.**

July 2022 Status: The Medication Error Reduction and Workforce Committee continued its assessment of working conditions and medication errors.

June 2025: The Board releases second survey to assess working conditions within pharmacies.

**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. (Completed)**

July 2022 Status: January 2022, the Board received results of the 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.

**1.7 Decrease licensing processing items to improve customer service and support applicants and licensees.**

July 2022 Status: July 1, 2022, the Board secured authority to hire two additional staff to assist with the processing of site applications.

July 2023 Status: Application processing for several license types improved with the completion of onboarding of staff. Further, staff scheduled meetings with applicants seeking site licenses to discuss outstanding items. Notification was sent confirming receipt of applications and issuance of licenses.

July 2024 Status: Application processing times for individual license types were within 30-day performance measure. Implementation of Temporary Military Applications was developed and automated for online submission and processing.

June 2025 Status: Updates to pharmacy application instructions and forms completed.

### **1.8 Streamline the licensing process to improve efficiency and staff performance.**

July 2023 Status: Business modernization steps completed including completion of business process mapping and could be mapping.

July 2024 Status: Business process and requirements activities concluded.

New Project Request considered by DCA governance to allow for next steps in the Business Modernization process.

### **1.9 Migrate the entire licensing process online to promote timeliness, reduce staff workload, and provide better customer service.**

July 2022 Status: Business Process Mapping for cashiering and licensing related functions completed.

July 2023 Status: All business process mapping and could be mapping completed.

July 2024 Status: Business process and requirements activities completed.

New Project Request considered by DCA governance to allow for next steps in the Business Modernization process.

June 2025 Status: Market research ongoing. Finalization of Financial Analysis Worksheet underway for submission for oversight review.

## **IX. Discussion and Consideration of Licensing Statistics**

Licensing statistics for the first 11 months of FY 2024/25 (July 1, 2024 – May 31, 2025) are provided in **Attachment 3**.

During the timeframe, the Board has received 1,3022 initial applications, including:

- 1,239 intern pharmacists
- 2,655 pharmacist exam applications (1,465 new, 1,190 retake)
- 150 advanced practice pharmacists
- 5,460 pharmacy technicians
- 718 community pharmacy license applications (347 chain, 371 nonchain)
- 77 sterile compounding pharmacy license applications (62 LSC, 14 NSC, 1 SCP)
- 116 nonresident pharmacy license applications
- 12 hospital pharmacy license applications

During the timeframe, the Board has received 9 requests for temporary individual applications (Military Spouses/Partners), including:

- 8 temporary pharmacy technicians
- 1 temporary pharmacist

During the timeframe, the Board has received 902 requests for temporary site license applications, including:

- 664 community pharmacy license applications
- 54 sterile compounding pharmacy license applications
- 81 nonresident pharmacy license applications
- 10 hospital pharmacy license applications

During the timeframe, the Board has issued 8,542 individual licenses, including:

- 1,205 intern pharmacists
- 1,352 pharmacists
- 131 advanced practice pharmacists
- 5,280 pharmacy technicians

During the timeframe, the Board has issued 7 temporary individual applications (Military Spouses/Partners), including:

- 7 temporary pharmacy technicians

During the timeframe, the Board has issued 645 site licenses without temporary license requests, including:

- 170 automated drug delivery systems (167 AUD, 3 APD)
- 105 community pharmacies
- 1 hospital pharmacy

During the timeframe, the Board has issued 805 temporary site licenses, including:

- 622 community pharmacies
- 15 hospital pharmacies

<b>Site Application Type</b>	<b>Application Processing Times as of 4/1/2025</b>	<b>Application Processing Times as of 6/2/2025</b>	<b>Deficiency Mail Processing Times as of 4/1/2025</b>	<b>Deficiency Mail Processing Times as of 6/2/2025</b>
Pharmacy	29	33	47	49
Nonresident Pharmacy	39	34	64	61
Sterile Compounding	7	33	67	52
Nonresident Sterile Compounding	7	13	74	95
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	33	Current	Current	18
Hospital Satellite Compounding Pharmacy	Current	45	Current	Current
Hospital	Current	27	Current	Current
Clinic	8	24	33	32
Wholesaler	Current	12	33	46
Nonresident Wholesaler	4	31	33	62
Third-Party Logistics Provider	Current	Current	14	32
Nonresident Third-Party Logistics Provider	12	39	28	45
Automated Drug Delivery System	25	Current	Current	Current
Automated Patient Dispensing System	Current	Current	Current Combined with ADD	Current Combined with ADD
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current Combined with ADD	Current Combined with ADD

<b>Individual Application Type</b>	<b>Application Processing Times as of 4/1/2025</b>	<b>Application Processing Times as of 6/2/2025</b>	<b>Deficiency Mail Processing Times as of 4/1/2025</b>	<b>Deficiency Mail Processing Times as of 6/2/2025</b>
Exam Pharmacist	8	14	Current	5
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	6	6	Current	Current
Intern Pharmacist	7	13	Current	6
Pharmacy Technician	22	27	8	18
Designated Representative	5	14	Current	Current
Designated Representatives-3PL	6	13	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

#### **X. Future Committee Meeting Dates**

- October 15, 2025

#### **XI. Adjournment**

# **Attachment 1**



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

**Date:** October 17, 2024

**Location:** OBSERVATION AND PUBLIC COMMENT IN PERSON:  
California State Board of Pharmacy  
2720 Gateway Oaks Drive,  
First Floor Hearing Room  
Sacramento, CA 95833

California State Board of Pharmacy staff members were present at the observation and public comment location.

PUBLIC PARTICIPATION AND COMMENT FROM A REMOTE LOCATION: WebEx

**Board Members Present:**

Seung Oh, PharmD, Licensee Member, Chairperson  
Trevor Chandler, Public Member, Vice Chairperson  
Renee Barker, PharmD, Licensee Member  
Jessi Crowley, PharmD, Licensee Member  
Satinder Sandhu, PharmD, Licensee Member

**Board Members Not Present:**

Jason Weisz, Public Member

**Staff Present:**

Anne Sodergren, Executive Officer  
Julie Ansel, Deputy Executive Officer  
Corinne Gartner, DCA Counsel  
Shelley Ganaway, DCA Counsel  
Debbie Damoth, Executive Specialist Manager

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

Chairperson Oh called the meeting to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Oh reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. The following members were present via WebEx: Trevor Chandler, Public Member; Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Satinder Sandhu, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

Dr. Oh reminded Committee members to remain visible with cameras on throughout the open session of the meeting. Dr. Oh advised if members needed to temporarily turn off their camera due to challenges with internet connectivity, they must announce the reason for their nonappearance when the camera was turned off.

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

Members of the public participating in Sacramento were provided the opportunity to provide comment; however, no public comment was made in Sacramento.

Members of the public participating via WebEx were provided the opportunity to provide comment. The Committee heard comments from three pharmacy residents expressing concerns about the CPJE schedule. Executive Officer Sodergren asked that the residents reach out directly to her to discuss their concerns.

## **III. Approval of Draft Minutes of the July 19, 2024 and September 4, 2024 Licensing Committee Meetings**

### **July 19, 2024**

The draft minutes of the July 19, 2024 Licensing Committee meeting were presented for review and approval.

Members were provided the opportunity to comment; however, no comments were made.

**Motion:** Approve the draft July 19, 2024 Licensing Committee meeting minutes as presented in the meeting materials.

**M/S:** Chandler/Crowley



Members of the public participating in Sacramento and via WebEx were provided the opportunity to provide comment; however, no public comment was made.

**Support: 5   Oppose: 0   Abstain: 0   Not Present: 1**

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Not Present

#### **September 4, 2024**

The draft minutes of the September 4, 2024 Licensing Committee meeting were presented for review and approval.

Members were provided the opportunity to comment. Dr. Crowley asked to have clarification added regarding her comment on page 7 of 9.

**Motion:**      Approve the draft September 4, 2024 Licensing Committee meeting minutes with corrections noted.

**M/S:**            Crowley/Chandler

Members of the public participating in Sacramento and via WebEx were provided the opportunity to provide comment; however, no public comment was made.

**Support: 5   Oppose: 0   Abstain: 0   Not Present: 1**

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Not Present

**IV. Presentation by the California Pharmacists Association on Assembly Bill 317 (Weber, Chapter 322, Statutes of 2023) related to Pharmacist Service Coverage**

Dr. Oh explained AB 317 established requirements for health care services plans and certain disability insurers to pay or reimburse the costs of services performed by a pharmacist under specified conditions. Dr. Oh welcomed Dr. Steve Chen, PharmD and Dr. Kevin Komoto, PharmD to provide a presentation on implementation of AB 317.

Dr. Crowley left the meeting at approximately 9:20 a.m.

Following the presentation, members were provided the opportunity to comment. Members asked about implementation implications for HMOs and challenges related to electronic medical records (EMR). The presenters advised CPhA was trying to establish relationships with different groups to have different EMR options in the pipeline for members. They explained there were some within the community pharmacy setting that were using pharmacy management systems trying to integrate their own medical record system to varying levels of success. They were also looking at third-party options as well. Members also asked about medical billing barriers. The presenters explained some companies have made progress with the pharmacy friendly platforms for conducting medical billing because it simplified the process. The presenters noted the opportunity for pharmacists to be educated so that medical billing was done using the correct codes.

Dr. Crowley returned at approximately 9:52 a.m.

Members of the public participating in Sacramento and via WebEx were provided the opportunity to comment; however, no comments were made.

**V. Discussion and Consideration of Proposed Changes to Board-Provided Training for Furnishing HIV Preexposure and Postexposure Prophylaxis**

Dr. Oh advised recent changes in California law updated the provisions for pharmacist-furnished HIV preexposure prophylaxis (PrEP). To address these changes, the Board adopted emergency regulations. Dr. Oh noted it was also appropriate to update the Board's training program to incorporate

the changes in statutes as well as the standards for pharmacist-furnished HIV preexposure and postexposure prophylaxis consistent with the statute. Dr. Oh thanked Dr. Betty Dong, Dr. Clint Hopkins, experts with the Office of AIDS and Department of Health Care Services for their assistance with updating the training program. Dr. Oh noted following approval by the Board, Dr. Dong would finalize the program and quiz. The training would then be deployed on the Board's new learning management system. Dr. Oh referenced training program slides included in the meeting materials, adding that he had reviewed the materials and believed they were appropriate.

Members were provided the opportunity to comment; however, no comments were made.

**Motion:** Recommend approval of the updated training program.

**M/S:** Crowley/Barker

Members of the public participating in Sacramento and via WebEx were provided the opportunity to comment; however, no comments were made.

**Support: 5   Oppose: 0   Abstain: 0   Not Present: 1**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Not Present

## **VI. Discussion and Consideration of Proposed Follow-up Survey on Working Conditions**

Dr. Oh recalled as part of the Board's prior sunset review, the Board committed to conducting a survey on working conditions in community pharmacies. The survey was conducted and released in 2021. Dr. Oh noted it appeared appropriate to conduct a follow-up survey to gauge

current working conditions and gain insights from pharmacists on the implementation of provisions included in AB 1286 related to working conditions. Dr. Oh reported that experts within DCA's Office of Professional Examination Services would again be available to assist if the Board determined deployment of a survey was again appropriate.

Members were provided the opportunity to comment. Members spoke in favor of having a follow up survey with emphasis on rank and file pharmacists and including pharmacy technicians. They discussed using the same questions as the previous survey and adding questions related to pharmacist-in-charge (PIC) autonomy over scheduling, workload to staff ratios, minimum staffing, quotas, and compliance with AB 1286 and SB 1442. Members discussed sending out the survey at the same time of year as the 2021 survey had been sent out. They discussed allowing for a long response time and recommended advertising it to pharmacists and pharmacy technicians to make it accessible and encourage responses.

Members of the public participating in Sacramento were provided the opportunity to comment. A representative of CPhA asked about the goal of the follow-up survey and recommended using the same questions if the purpose of the survey was to compare the impact of new laws.

Members of the public participating via WebEx were then provided the opportunity to comment. Members heard comments in support of doing a follow-up survey from UFCW WSC and from a pharmacist, who suggested that the survey include questions on PIC and pharmacist on duty staffing autonomy, recourse for denial of staffing increases, and staffing under Business and Professions Code (BPC) section 4113.6.

**Motion:** Approve conducting a follow-up survey on working conditions and delegate to President Oh to work with the executive officer to develop questions consistent with the Committee's discussion.

**M/S:** Crowley/Barker

Members of the public participating from Sacramento and via WebEx were provided the opportunity to comment; however, no comments were made.

**Support: 5   Oppose: 0   Abstain: 0   Not Present: 1**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Not Present

The Committee took a break from 10:24 a.m. to 10:40 a.m. Roll call was taken. The following members were present via WebEx: Trevor Chandler, Public Member; Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Satinder Sandhu, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

## **VII. Presentation on Changes to Pharmacy Application Process**

Dr. Oh welcomed Executive Officer Sodergren who provided a presentation reviewing the changes to the pharmacy application process.

Dr. Oh thanked licensing staff and counsel for undertaking review of the application process and working to provide applicants with additional information to understand the requirements. Dr. Oh believed the charts illustrating the various ownership types, requirements and supporting documents were helpful. Dr. Oh asked to create a section for non-profit corporations.

Members were provided the opportunity to comment; however, no comments were made.

Members of the public participating in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating via WebEx were then provided the opportunity to comment. The Committee heard comments from an applicant, several pharmacists, and an attorney who represents applicants. Comments expressed concern for the time taken to process applications and agreed with adding a specific section for not-for-profit applicants. Comments also asserted that the application review process was overly complicated.

DCA Counsel Gartner noted that pursuant to BPC section 4201 the Board has statutory authority to ask for information for each person beneficially interested in or with management and control over an applicant. Additionally, BPC section 4207 gives broad authority to the Board to investigate all matters related to applications, such that the Board may request any information it deems necessary to complete the application investigation. Executive Officer Sodergren advised transparency of application processing statistics was provided and reviewed on a quarterly basis by the Licensing Committee and Board. She also noted that applicant ownership structures have grown increasingly complex

Members discussed the importance of balancing consumer protection through the application review process with minimizing unnecessary paperwork. Members also expressed support for creating a sample application and using a focus group to review the revised application. Ms. Sodergren underscored the challenges and nuances of complex ownership structures.

#### **VIII. Discussion and Consideration of Proposed Changes to Application Questions for Individual Licenses**

Dr. Oh referenced meeting materials containing background information on the federal Lorna Breen Health Care Provider Protection Act (Act), which seeks to address mental health challenges faced by health care professionals. Dr. Oh learned about this Act and the Wellbeing First Champion Challenge during the annual meeting of the National Association of Boards of Pharmacy. He applauded the goal of reducing stigma, enhancing support systems and ultimately improving the wellbeing of health care workers. Dr. Oh believed the approach offered in the meeting materials was appropriate having reviewed the recommendations offered by staff. Dr. Oh requested staff confirm that the proposed changes complied with best practices before developing an implementation plan. He noted given that the pharmacy technician application was incorporated by reference in regulation, the pharmacy technician application would be updated via the rulemaking process where all other applications could be updated more quickly.

Members were provided the opportunity to comment. Members were in support of the recommendation. Members were in agreement with approval in concept so that staff could ensure complying with best practices.

Members of the public participating in Sacramento and via WebEx were provided the opportunity to comment; however, no comments were made.

#### **IX. Open Discussion on Payor Practices that Negatively Impact Patient Care**

Dr. Oh advised one of the new issues identified for inclusion by the Board in the Sunset Report was payor practices that negatively impact patient care. He included a discussion on this on today's agenda to ensure the Board had a full picture of the challenges patients face.

Members of the public participating from Sacramento or via WebEx were provided the opportunity to comment; however, no comments were made.

Members were then provided the opportunity to comment.

Members discussed pharmacy benefit manager (PBM) companies using audits as a practice to claw back funds paid to a pharmacy, citing the prescription was not valid and payment wouldn't be made by the PBM for the prescription. Members also expressed concerns about rebates, as well issues such as prior authorization requirements, tiered formularies, and required use of mail order pharmacies, all of which can cause delays in patients receiving their medication.

Dr. Oh agreed to work with staff to create a list of potential solutions for the Board.

Members of the public participating from Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating via WebEx were provided the opportunity to comment. A pharmacist cautioned the Board to be aware of federal law that holds payors responsible for false claims.

#### **X. Discussion and Consideration of Licensing Statistics.**

Dr. Oh referenced meeting materials including a summary of the licensing statistics for the first three months of the fiscal year. Dr. Oh noted improvement in processing times for pharmacy and nonresident pharmacy applications. He was pleased to add that with the exception of

designated representatives, processing times for all individual applications were under 30 days. Dr. Oh thanked licensing staff for their continued hard work.

Members were provided the opportunity to comment; however, no comments were made.

Members of the public participating in Sacramento and via WebEx were provided the opportunity to comment; however, no comments were made.

#### **XI. Future Committee Meeting Dates**

Dr. Oh announced the next Licensing Committee meeting was scheduled for January 9, 2025.

#### **XII. Adjournment**

The meeting adjourned at 11:43 a.m.



# **Attachment 2**

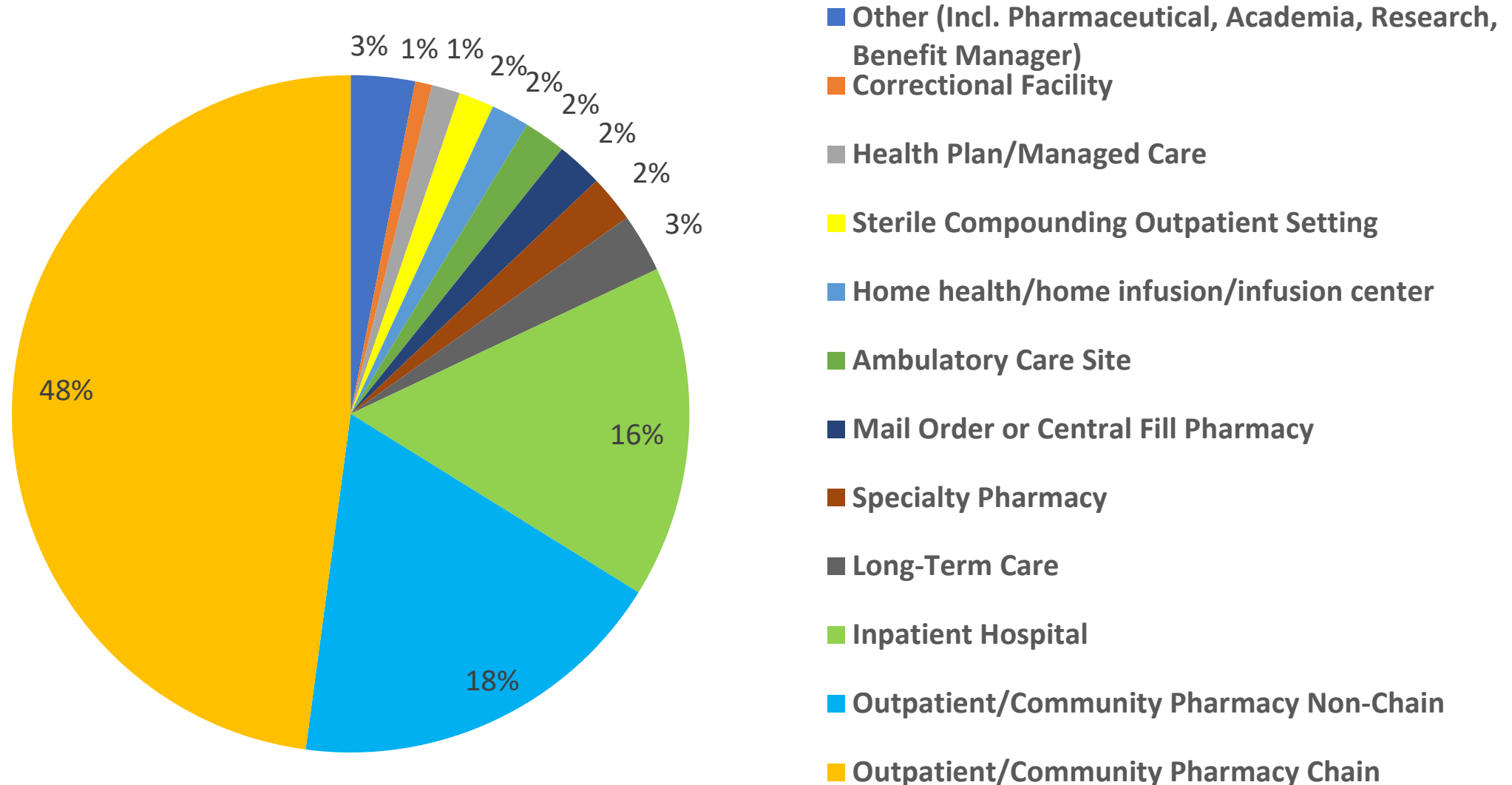
# Tech Ratio Survey Data

CA Board of Pharmacy

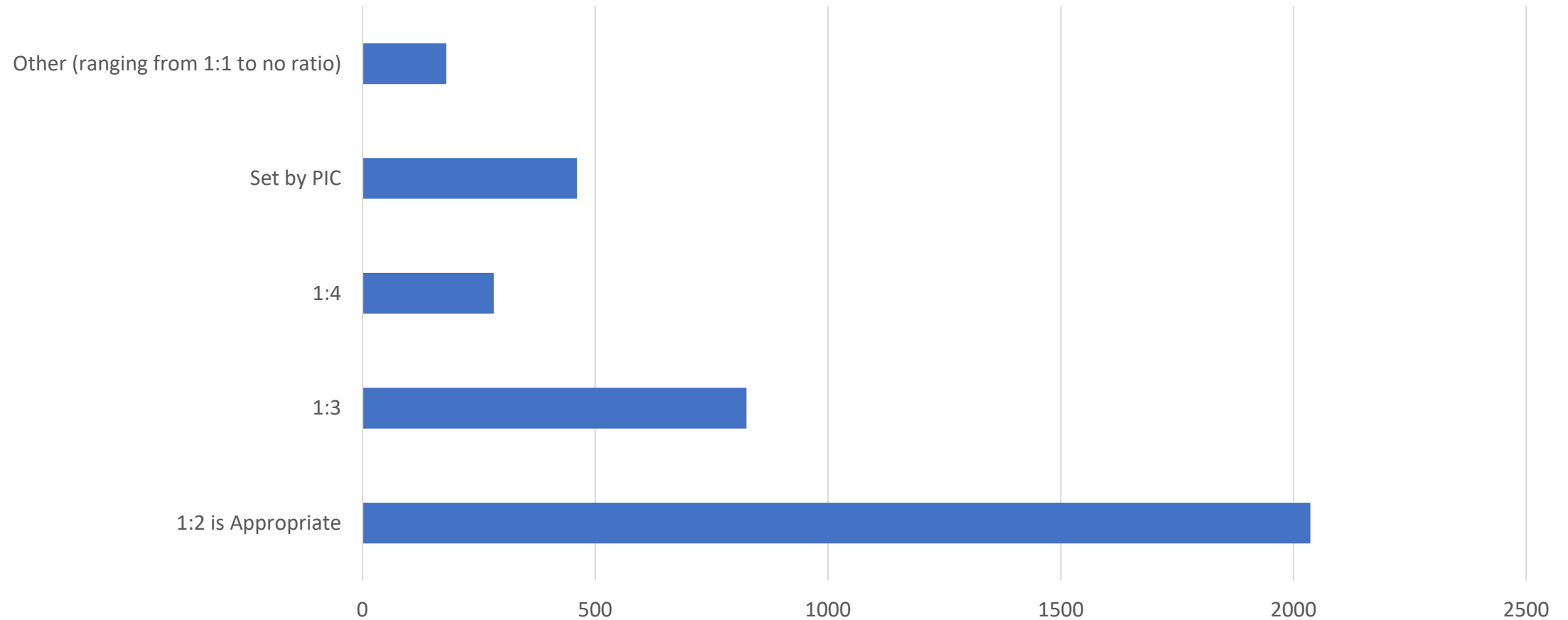
# Survey Population

- 5151 total survey respondents (before removing the following);
  - 201 not licensed in CA
  - Another 384 not actively practicing in CA
  - Another 49 indicated they are licensed in CA but did not respond to any other question
- 4517 responses analyzed

# Type of worksites utilizing pharmacy technicians

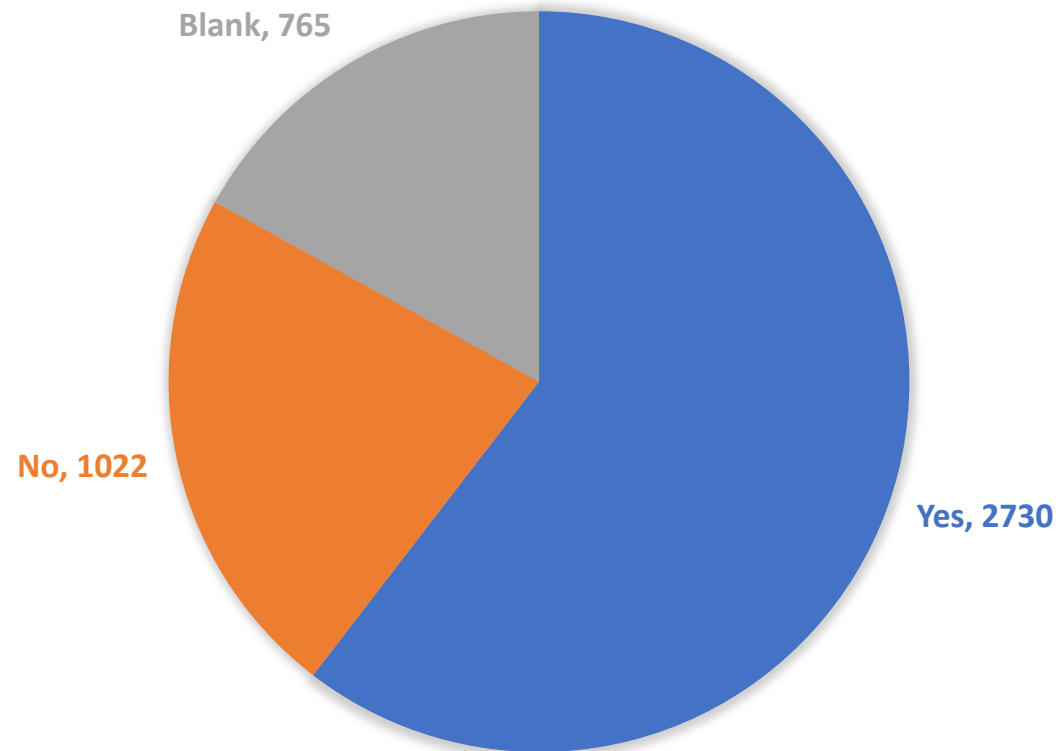


Do you believe the current pharmacist to pharmacy technician ratio in a **institutional setting** (currently 1:2) is appropriate?

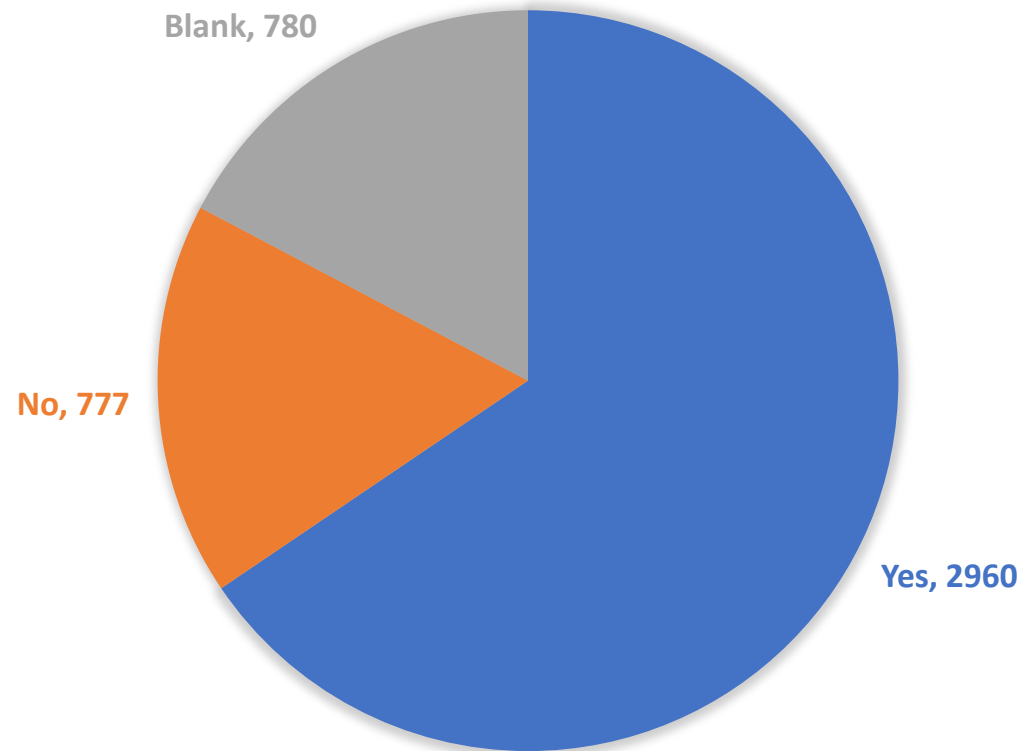


\*733 did not respond

If the Board increased the number of pharmacy technicians a pharmacist could supervise, do you believe the PIC should be required to make a specific determination for the ratio to be used at their worksite?

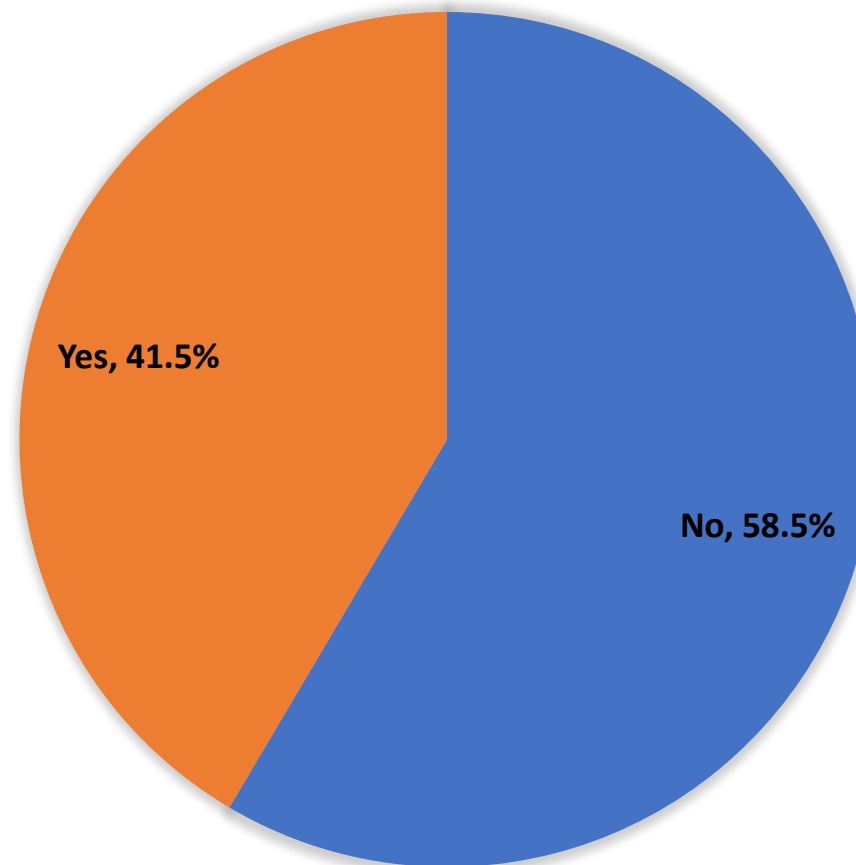


If there is an increase in the number of pharmacy technicians that can be supervised by a pharmacist, do you believe the pharmacist should have the authority to refuse to supervise the additional pharmacy technicians?



Are you in a management or administrative position for your employer  
(yes n=997)  
and

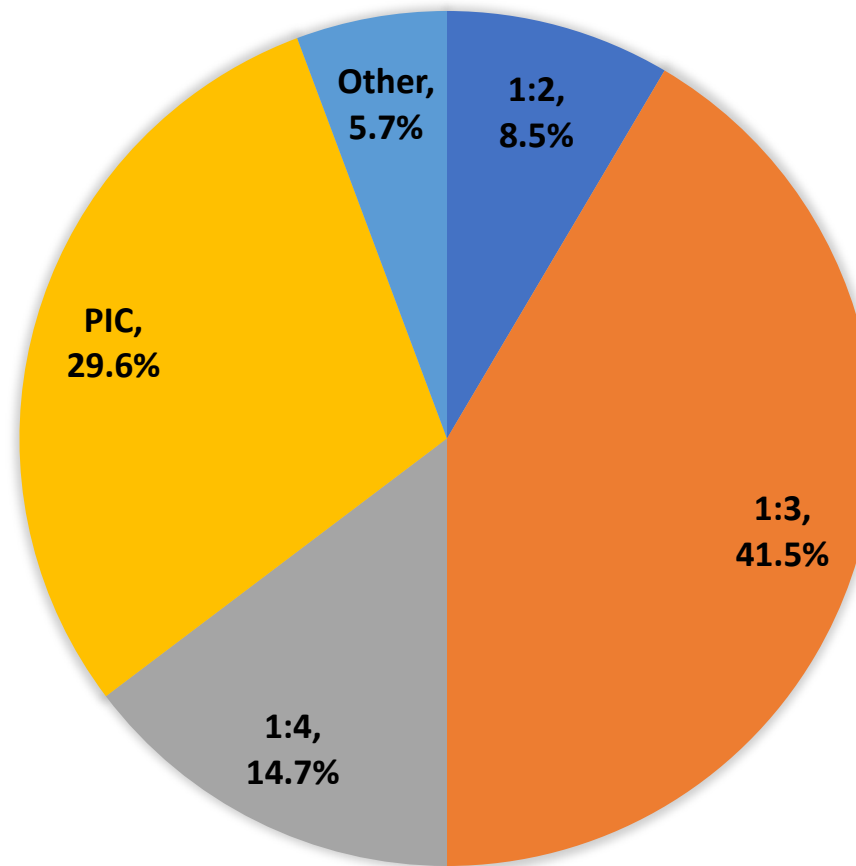
Do you believe the current pharmacist to pharmacy technician ratio in  
the institutional setting (currently 1:2) is appropriate?





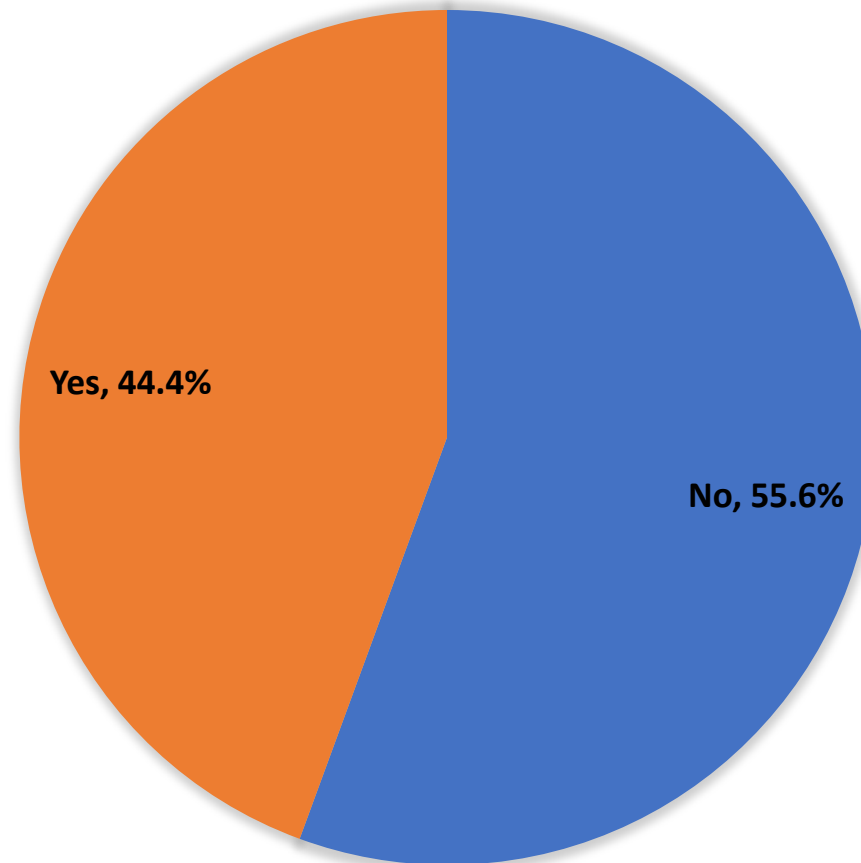
Are you in a management or administrative position for your employer  
(yes n=648)  
and

What is the appropriate ratio in an institutional setting.  
(Must have said 1:2 is not appropriate)

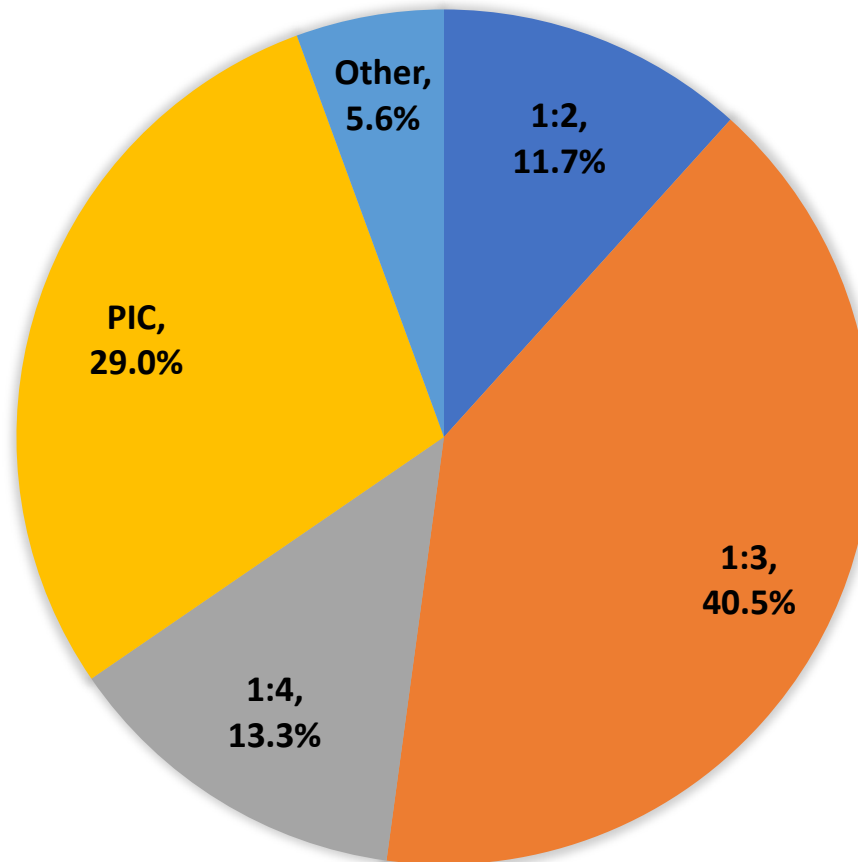


Are you the designated PIC at your primary worksite?  
(yes n=1,393)  
and

Do you believe the current pharmacist to pharmacy technician ratio  
in the institutional setting (currently 1:2) is appropriate



Are you the designated PIC at your primary worksite?  
(yes n=880)  
and  
What is the appropriate ratio in an institutional setting.  
(must have said 1:2 is not appropriate)



# **Attachment 3**

CALIFORNIA STATE BOARD OF PHARMACY  
QUARTERLY LICENSING STATISTICS FISCAL YEAR 2024/2025

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	158	131	109	75	473
Designated Representatives Vet (EXV)	0	0	1	1	2
Designated Representatives-3PL (DRL)	28	28	44	23	123
Designated Representatives-Reverse Distributor (DRR)	2	1	2	3	8
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	957	99	88	95	1,239
Pharmacist Exam Applications	229	116	151	969	1,465
Pharmacist Retake Exam Applications	364	378	295	153	1,190
Pharmacist Initial License Application (RPH)	697	386	158	112	1,353
Advanced Practice Pharmacist (APH)	46	32	40	32	150
Pharmacy Technician (TCH)	1,523	1,389	1,449	1,099	5,460
Total	4,004	2,560	2,337	2,562	11,463

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	1	1
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	3	2	2	1	8
Total	3	2	2	2	9

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Automated Drug Delivery System (ADD(AUD))	38	70	39	31	178
Automated Drug Delivery System (ADD(APD))	0	0	1	0	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	2	0	0	4	6
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	0	0	0	1
Clinics (CLN)	67	47	19	25	158
Clinics Government Owned (CLE)	6	8	10	14	38
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	4	1	1	3	9
Hospitals Government Owned (HPE)	1	0	2	0	3
Hospital Satellite Sterile Compounding (SCP)	0	0	0	1	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	1	5	4	11
Correctional Pharmacy (LCF)	0	0	0	1	1
Outsourcing Facility (OSF)	1	2	0	0	3
Outsourcing Facility Nonresident (NSF)	3	3	1	2	9
Pharmacy (PHY)	142	98	75	56	371
Pharmacy (PHY) Chain	337	6	1	3	347
Pharmacy Government Owned (PHE)	6	0	6	1	13
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	39	37	24	16	116
Sterile Compounding (LSC)	9	25	7	10	51
Sterile Compounding Government Owned (LSE)	4	1	4	2	11
Sterile Compounding Nonresident (NSC)	10	0	2	2	14
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	2	1	1	1	5
Third-Party Logistics Providers Nonresident (NPL)	7	16	7	3	33
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	16	9	8	9	42
Wholesalers Government Owned (WLE)	0	0	2	0	2
Wholesalers Nonresident (OSD)	37	33	32	32	134
<b>Total</b>	<b>733</b>	<b>359</b>	<b>247</b>	<b>220</b>	<b>1,559</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-May	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	4	2	1	1	8
Hospital Government Owned - Temp (HPE)	0	0	2	0	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	0	1
Outsourcing Facility Nonresident - Temp (NSF)	2	0	0	0	2
Pharmacy - Temp (PHY)	461	97	58	43	659
Pharmacy Government Owned - Temp (PHE)	2	0	3	0	5
Remote Dispensing Pharmacy - Temp (PHR)	0	1	0	0	1
Pharmacy Nonresident - Temp (NRP)	30	26	11	14	81
Sterile Compounding - Temp (LSC)	9	22	5	4	40
Sterile Compounding Government Owned - Temp (LSE)	0	0	1	2	3
Sterile Compounding Nonresident - Temp (NSC)	7	2	1	1	11
Third-Party Logistics Providers - Temp (TPL)	2	0	0	1	3
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	11	2	1	17
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	9	4	2	1	16
Wholesaler Government Owned - Temp (WLE)	0	0	1	0	1
Wholesalers Nonresident - Temp (OSD)	19	10	14	9	52
<b>Total</b>	<b>549</b>	<b>175</b>	<b>101</b>	<b>77</b>	<b>902</b>

# LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	97	98	139	101	435
Designated Representatives Vet (EXV)	1	0	1	0	2
Designated Representatives-3PL (DRL)	31	27	46	27	131
Designated Representatives-Reverse Distributor (DRR)	1	2	1	2	6
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	847	202	86	70	1,205
Pharmacist (RPH)	696	384	163	109	1,352
Advanced Practice Pharmacist (APH)	35	26	37	33	131
Pharmacy Technician (TCH)	1,266	1,833	1,380	801	5,280
<b>Total</b>	<b>2,974</b>	<b>2,572</b>	<b>1,853</b>	<b>1,143</b>	<b>8,542</b>

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	3	1	2	1	7
<b>Total</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>7</b>

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Automated Drug Delivery System (ADD(AUD))	38	30	67	32	167
Automated Drug Delivery System (ADD(APD))	0	0	0	1	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	2	0	2
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	46	45	5	30	126
Clinics Government Owned (CLE)	8	6	11	2	27
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	1	0	0	1
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	0	1	1	3
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	1	2
Pharmacy (PHY)	10	22	37	22	91
Pharmacy Government Owned (PHE)	4	1	3	6	14
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	3	11	9	23
Sterile Compounding (LSC)	5	6	5	4	20
Sterile Compounding Government Owned (LSE)	5	0	2	3	10
Sterile Compounding Nonresident (NSC)	0	1	1	1	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	1	3	1	6
Third-Party Logistics Providers Nonresident (NPL)	9	4	8	1	22
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	10	9	14	5	38
Wholesalers Government Owned (WLE)	0	0	0	1	1
Wholesalers Nonresident (OSD)	20	18	31	19	88
<b>Total</b>	<b>158</b>	<b>147</b>	<b>201</b>	<b>139</b>	<b>645</b>

Site Temporary Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned -Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	7	6	0	0	13
Hospital Government Owned - Temp (HPE)	0	0	0	2	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy - Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	0	1
Outsourcing Facility Nonresident - Temp (NSF)	0	1	0	0	1
Pharmacy - Temp (PHY)	425	69	85	42	621
Pharmacy Government Owned - Temp (PHE)	0	0	1	0	1
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	13	26	15	15	69
Sterile Compounding - Temp (LSC)	6	16	9	5	36
Sterile Compounding Government Owned - Temp (LSE)	1	0	0	1	2
Sterile Compounding Nonresident - Temp (NSC)	1	1	3	2	7
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	8	1	1	11
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	4	1	5	0	10
Wholesaler Government Owned - Temp (WLE)	0	0	1	0	1
Wholesalers Nonresident - Temp (OSD)	7	6	11	5	29
<b>Total</b>	<b>467</b>	<b>134</b>	<b>131</b>	<b>73</b>	<b>805</b>



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

<b>Individual Applications Pending</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>
Designated Representatives (EXC)	237	267	236	199
Designated Representatives Vet (EXV)	2	2	2	3
Designated Representatives-3PL (DRL)	64	63	61	57
Designated Representatives-Reverse Distributor (DRR)	4	3	4	6
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	153	50	48	71
Pharmacist (exam not eligible)	785	830	729	1,484
Pharmacist (exam eligible)	1,237	835	848	909
Advanced Practice Pharmacist (APH)	102	108	111	109
Pharmacy Technician (TCH)	2,061	1,645	1,598	1,864
<b>Total</b>	<b>4,645</b>	<b>3,803</b>	<b>3,637</b>	<b>4,702</b>

<b>Temporary Individual Applications Pending (Military Spouses/Partners)</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	1	1	1
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>

Site Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-May
Automated Drug Delivery System (ADD(AUD))	41	80	47	41
Automated Drug Delivery System (ADD(APD))	0	1	1	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	2	2	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	1
Centralized Hospital Packaging (CHP)	1	1	1	1
Clinics (CLN)	171	171	184	179
Clinics Government Owned (CLE)	8	10	9	21
Drug Room (DRM)	1	1	1	1
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	9	2	3	6
Hospitals Government Owned (HPE)	2	2	3	1
Hospital Satellite Sterile Compounding (SCP)	1	1	2	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	29	30	26	29
Correctional Pharmacy (LCF)	1	1	1	2
Outsourcing Facility (OSF)	4	5	4	3
Outsourcing Facility Nonresident (NSF)	12	13	12	11
Pharmacy (PHY)	638	603	205	193
Pharmacy Government Owned (PHE)	8	6	8	3
Remote Dispensing Pharmacy (PHR)	4	5	3	1
Pharmacy Nonresident (NRP)	213	215	204	195
Sterile Compounding (LSC)	54	46	38	36
Sterile Compounding - Government Owned (LSE)	10	7	9	7
Sterile Compounding Nonresident (NSC)	27	22	18	17
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	10	10	8	8
Third-Party Logistics Providers Nonresident (NPL)	69	70	38	39
Veterinary Food-Animal Drug Retailer (VET)	1	1	0	0
Wholesalers (WLS)	80	77	34	37
Wholesalers Government Owned (WLE)	1	1	1	0
Wholesalers Nonresident (OSD)	165	172	94	102
<b>Total</b>	<b>1,563</b>	<b>1,556</b>	<b>955</b>	<b>937</b>

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-May
Drug Room -Temp (DRM)	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	8	13	5	5
Hospital Government Owned - Temp (HPE)	1	0	0	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	1	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	2	1	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	1	1	0
Pharmacy - Temp (PHY)	484	481	140	138
Pharmacy Government Owned - Temp (PHE)	2	1	1	1
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	31	37	34	39
Sterile Compounding - Temp (LSC)	11	23	20	20
Sterile Compounding Government Owned - Temp (LSE)	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	4	1	3	5
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	8	7	7
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	5	2	5	0
Wholesaler Government Owned - Temp (WLE)	0	0	1	0
Wholesalers Nonresident - Temp (OSD)	8	8	13	13
<b>Total</b>	<b>560</b>	<b>576</b>	<b>230</b>	<b>231</b>

**APPLICATIONS WITHDRAWN**

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	39	3	1	13	56
Designated Representatives Vet (EXV)	1	0	0	0	1
Designated Representatives-3PL (DRL)	96	2	0	1	99
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	14	2	2	1	19
Pharmacist (exam applications)	3	29	11	4	47
Advanced Practice Pharmacist (APH)	1	0	0	0	1
Pharmacy Technician (TCH)	21	14	103	2	140
<b>Total</b>	<b>175</b>	<b>50</b>	<b>117</b>	<b>21</b>	<b>363</b>

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Automated Drug Delivery System (ADD(AUD))	3	0	5	4	12
Automated Drug Delivery System (ADD(APD))	0	0	1	0	1
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)	42	2	2	0	46
Clinics Government Owned (CLE)	3	0	0	0	3
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	1	0	0	1
Hospitals Government Ownerd (HPE)	1	0	1	0	2
Hospital Satellite Sterile Compounding (SCP)	1	0	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	8	0	8
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	3	1	5
Pharmacy (PHY)	9	45	351	7	412
Pharmacy Government Owned (PHE)	0	1	0	0	1
Remote Dispensing Pharmacy (PHR)	0	0	2	2	4
Pharmacy Nonresident (NRP)	7	3	9	1	20
Sterile Compounding (LSC)	2	11	0	2	15
Sterile Compounding - Government Owned (LSE)	0	4	0	0	4
Sterile Compounding Nonresident (NSC)	1	2	3	0	6
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)	1	3	30	0	34
Veterinary Food-Animal Drug Retailer (VET)	0	0	1	0	1
Wholesalers (WLS)	0	2	32	0	34
Wholesalers Government Owned (WLE)	0	0	1	0	1
Wholesalers Nonresident (OSD)	7	1	68	0	76
<b>Total</b>	<b>78</b>	<b>75</b>	<b>517</b>	<b>17</b>	<b>687</b>

**APPLICATIONS DENIED**

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Designated Representatives (EXC)	0	0	0	1	1
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)	1	0	1	0	2
Pharmacist (exam application)	0	1	0	0	1
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	1	0	0	0	1
Pharmacy Technician (TCH)	13	6	9	1	29
<b>Total</b>	<b>15</b>	<b>7</b>	<b>10</b>	<b>2</b>	<b>34</b>

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
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	1	0	1	2
Outsourcing Facility Nonresident (NSF)	1	0	0	2	3
Pharmacy (PHY)	1	1	1	0	3
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	0	0	0	0
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
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)	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	0	1	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>9</b>

**RESPOND TO STATUS INQUIRIES**

<b>Email Inquiries</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Designated Representative Received	524	523	234	427	1,708
Designated Representative Responded	215	293	195	153	856
Advanced Practice Pharmacist Received	337	252	183	162	934
Advanced Practice Pharmacist Responded	195	168	90	127	580
Pharmacist/Intern Received	1,301	1,117	1,145	791	4,354
Pharmacist/Intern Responded	1,301	1,117	1,145	791	4,354
Pharmacy Technician Received	2,317	1,934	1,710	1,081	7,042
Pharmacy Technician Responded	1,083	1,135	1,409	1,183	4,810
Pharmacy Received	3,228	3,307	3,444	2,233	12,212
Pharmacy Responded	3,033	3,160	3,085	2,008	11,286
Sterile Compounding/Outsourcing Received	987	815	888	584	3,274
Sterile Compounding/Outsourcing Responded	653	550	541	438	2,182
Wholesale/Hypodermic/3PL Received	1,328	631	1,463	840	4,262
Wholesale/Hypodermic/3PL Responded	953	582	1,396	718	3,649
Clinic Received	475	309	828	411	2,023
Clinic Responded	311	147	337	365	1,160
Automated Drug Delivery Systems Received	424	323	405	333	1,485
Automated Drug Delivery Systems Responded	188	201	326	231	946
Pharmacist-in-Charge Received	1,052	1,120	1,178	821	4,171
Pharmacist-in-Charge Responded	1,213	1,004	1,137	755	4,109
Change of Permit Received	711	690	707	499	2,607
Change of Permit Responded	921	884	842	523	3,170
Renewals Received	1,128	1,212	1,948	1,431	5,719
Renewals Responded	892	1,185	1,923	1,398	5,398

<b>Telephone Calls Received</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Designated Representative	51	55	25	33	164
Advanced Practice Pharmacist	74	46	84	55	259
Pharmacist/Intern	743	597	629	525	2,494
Pharmacy	423	437	326	124	1,310
Sterile Compounding/Outsourcing	50	60	36	23	169
Wholesale/Hypodermic/3PL	278	85	92	53	508
Clinic	68	59	72	46	245
Automated Drug Delivery Systems	4	4	9	6	23
Pharmacist-in-Charge	161	288	87	86	622
Change of Permit	43	64	42	33	182
Renewals	1,760	2,431	2,234	1,377	7,802
Reception	19,302	17,823	16,424	10,105	63,654

## UPDATE LICENSING RECORDS

<b>Change of Pharmacist-in-Charge</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Received	504	527	460	302	1,793
Processed	482	526	461	235	1,704
Approved	561	424	545	246	1,776
Pending (Data reflects number of pending at the end of the quarter.)	196	304	215	239	239
<b>Change of Designated Representative-in-Charge</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Received	44	37	44	37	162
Processed	45	37	38	39	159
Approved	45	32	35	37	149
Pending (Data reflects number of pending at the end of the quarter.)	25	20	27	23	23
<b>Change of Responsible Manager</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Received	16	8	16	7	47
Processed	13	10	13	7	43
Approved	12	10	14	8	44
Pending (Data reflects number of pending at the end of the quarter.)	9	7	9	8	8
<b>Change of Professional Director</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Received	19	15	18	20	72
Processed	15	20	18	19	72
Approved	14	19	18	17	68
Pending (Data reflects number of pending at the end of the quarter.)	13	6	7	10	10
<b>Change of Permits</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Received	711	589	493	511	2,304
Processed	1,047	870	703	513	3,133
Approved	1,105	923	770	420	3,218
Pending (Data reflects number of pending at the end of the quarter.)	714	347	73	201	201
<b>Discontinuance of Business</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Received	134	103	122	142	501
Processed	137	95	118	129	479
Approved	184	61	138	97	480
Pending (Data reflects number of pending at the end of the quarter.)	92	126	116	161	161
<b>Intern Pharmacist Extensions</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Received	49	17	51	49	166
Processed	49	17	47	44	157
Completed	32	21	55	41	149
Pending (Data reflects number of pending at the end of the quarter.)	27	22	19	18	18
<b>Requests Approved</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Address/Name Changes	2,671	2,360	2,486	1,563	9,080
Off-site Storage	48	10	41	30	129
Transfer of Intern Hours	6	1	5	1	13
License Verification	126	87	94	63	370

**DISCONTINUED BUSINESS**

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-May	Total FYTD
Automated Drug Delivery System (ADD(AUD))	28	10	7	9	54
Automated Drug Delivery System (ADD(APD))	0	0	1	0	1
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)	6	7	5	0	18
Clinics Government Owned (CLE)	4	1	3	0	8
Drug Room (DRM)	1	0	0	0	1
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	1	0	0	1
Hospitals Government Owned (HPE)	0	0	1	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)	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	0	0	2
Pharmacy (PHY)	28	24	23	17	92
Pharmacy (PHY) Chain	11	5	34	27	77
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	4	6	5	3	18
Sterile Compounding (LSC)	4	4	5	4	17
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	2	1	0	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	1	3	1	2	7
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	3	2	4	5	14
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	5	6	9	3	23
<b>Total</b>	<b>98</b>	<b>73</b>	<b>99</b>	<b>70</b>	<b>340</b>

**LICENSES RENEWED**

<b>Individual Licenses Renewed</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Designated Representatives (EXC)	561	533	757	385	2,236
Designated Representatives Vet (EXV)	17	8	16	10	51
Designated Representatives-3PL (DRL)	122	96	129	75	422
Designated Representatives-Reverse Distributor (DRR)	1	5	4	2	12
Designated Paramedic (DPM)	0	0	0	0	0
Pharmacist (RPH)	6,180	5,411	5,763	3,675	21,029
Advanced Practice Pharmacist (APH)	176	172	168	98	614
Pharmacy Technician (TCH)	7,014	6,896	8,061	4,684	26,655
<b>Total</b>	<b>14,071</b>	<b>13,121</b>	<b>14,898</b>	<b>8,929</b>	<b>51,019</b>

<b>Site Licenses Renewed</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>	<b>Total FYTD</b>
Automated Drug Delivery System (ADD(APD & AUD))	151	660	61	111	983
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	1	1
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	1	2
Centralized Hospital Packaging (CHP)	3	1	3	1	8
Clinics (CLN)	380	405	278	183	1,246
Clinics Government Owned (CLE)	52	783	14	46	895
Drug Room (DRM)	4	5	10	1	20
Drug Room Government Owned (DRE)	3	6	0	0	9
Hospitals (HSP)	72	128	96	56	352
Hospitals Government Owned (HPE)	33	19	9	11	72
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	2	4
Hypodermic Needle and Syringes (HYP)	41	64	48	23	176
Correctional Pharmacy (LCF)	6	47	0	0	53
Outsourcing Facility (OSF)	0	1	0	1	2
Outsourcing Facility Nonresident (NSF)	2	4	7	3	16
Pharmacy (PHY)	1,122	1,794	1,099	1,209	5,224
Pharmacy Government Owned (PHE)	58	55	9	18	140
Remote Dispensing Pharmacy (PHR)	1	1	0	1	3
Pharmacy Nonresident (NRP)	92	152	151	82	477
Sterile Compounding (LSC)	134	260	143	93	630
Sterile Compounding Government Owned (LSE)	60	7	11	26	104
Sterile Compounding Nonresident (NSC)	6	14	13	8	41
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	14	8	8	3	33
Third-Party Logistics Providers Nonresident (NPL)	52	34	32	20	138
Veterinary Food-Animal Drug Retailer (VET)	2	1	9	3	15
Wholesalers (WLS)	110	71	88	70	339
Wholesalers Government Owned (WLE)	3	6	0	0	9
Wholesalers Nonresident (OSD)	202	147	193	119	661
<b>Total</b>	<b>2,609</b>	<b>4,674</b>	<b>2,282</b>	<b>2,092</b>	<b>11,657</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-May</b>
Designated Representatives (EXC)	2,933	2,945	2,979	3,015
Designated Representatives Vet (EXV)	61	60	60	59
Designated Representatives-3PL (DRL)	599	606	626	639
Designated Representatives-Reverse Distributor (DRR)	20	22	18	20
Designated Paramedic (DPM)	3	3	3	3
Intern Pharmacist (INT)	4,682	4,585	4,543	4,092
Pharmacist (RPH)	50,363	50,423	50,268	50,063
Advanced Practice Pharmacist (APH)	1,383	1,407	1,433	1,476
Pharmacy Technician (TCH)	66,185	66,642	66,385	65,850
<b>Total</b>	<b>126,229</b>	<b>126,693</b>	<b>126,315</b>	<b>125,217</b>

<b>Temporary Individual Licenses (Military Spouses/Partners)</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	7	7	6	6
<b>Total</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>6</b>

<b>Site Licenses</b>	<b>July - Sept</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-May</b>
Automated Drug Delivery System (ADD(AUD))	1,111	1,129	1,155	1,160
Automated Drug Delivery System (ADD(APD))	15	15	14	14
Automated Drug Delivery System EMS (ADE)	1	1	1	1
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	3	3
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	2
Centralized Hospital Packaging (CHP)	8	8	8	8
Clinics (CLN)	1,476	1,500	1,444	1,463
Clinics Government Owned (CLE)	938	942	920	919
Drug Room (DRM)	21	21	20	20
Drug Room Government Owned (DRE)	10	10	10	9
Hospitals (HSP)	401	407	401	400
Hospitals Government Owned (HPE)	84	83	82	84
Hospital Satellite Sterile Compounding (SCP)	4	4	4	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	5	5	5	5
Hypodermic Needle and Syringes (HYP)	233	233	217	218
Correctional Pharmacy (LCF)	54	54	54	54
Outsourcing Facility (OSF)	3	3	3	3
Outsourcing Facility Nonresident (NSF)	21	21	20	21
Pharmacy (PHY)	5,926	5,945	5,949	5,932
Pharmacy Government Owned (PHE)	152	153	156	160
Remote Dispensing Pharmacy (PHR)	3	3	3	3
Pharmacy Nonresident (NRP)	587	597	584	590
Sterile Compounding (LSC)	683	688	686	687
Sterile Compounding Government Owned (LSE)	116	115	116	120
Sterile Compounding Nonresident (NSC)	53	53	53	54
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	1
Third-Party Logistics Providers (TPL)	41	41	43	43
Third-Party Logistics Providers Nonresident (NPL)	165	174	173	174
Veterinary Food-Animal Drug Retailer (VET)	18	18	16	16
Wholesalers (WLS)	489	492	460	454
Wholesalers Government Owned (WLE)	11	11	11	11
Wholesalers Nonresident (OSD)	828	841	826	841
<b>Total</b>	<b>13,461</b>	<b>13,571</b>	<b>13,440</b>	<b>13,474</b>
<b>Total Population of Licenses</b>	<b>139,697</b>	<b>140,271</b>	<b>139,761</b>	<b>138,697</b>