



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

January 8, 2026

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

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

II. Public Comments 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. Discussion and Possible Action to Approve Minutes of the October 15, 2025 Licensing Committee Meeting

Attachment 1 includes the draft minutes from the October 15, 2025 meeting.

IV. Discussion of Proposal to Establish Definitions for Pharmacies Based on Business Model, Including Presentations on the following Business Models:

- a. Home Health Services, Janice Dang, PharmD, Chief of Enforcement for the Board
- b. Skilled Nursing Facilities, Janice Dang, PharmD, Chief of Enforcement for the Board
- c. Infusion Centers, Sam Martinez, PharmD, BCOP, Outpatient Infusion Pharmacy Manager, UC San Diego Health

Relevant Law

Business and Professions Code ([BPC](#)) [section 4037](#) defines a "pharmacy" as an area, place, or premises licensed by the Board in which the profession of pharmacy is practiced and where prescriptions are compounded. "Pharmacy" includes, but is not limited to, any area, place, or premises described in the license issued by the Board wherein controlled substances, dangerous drugs, or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, or repackaged, and from which the controlled substances, dangerous drugs, or dangerous devices are furnished,

sold, or dispensed at retail. The definition also exempts some facilities and drug storage areas.

Background

Generally, the requirements for pharmacies apply equally among a variety of business models, unless otherwise specified. This approach allows for broad regulation and requirements yet can become challenging when business models vary yet requirements many times do not.

Within existing law there are several instances where a more specific definition is referenced, but only when applying to a specific provision of the law. As an example, Pharmacy Law does not currently include a general definition of “chain community pharmacy.” Rather, in specified sections of statute and regulation, the law refers to BPC section 4001 for the definition. (**Note:** BPC section 4001 provides, “For the purposes of this subdivision, a ‘chain community pharmacy’ means a chain of 75 or more stores in California under the same ownership, and an ‘independent community pharmacy’ means a pharmacy owned by a person or entity who owns no more than four pharmacies in California.”)

As another example, Pharmacy Law sometimes refers to applicability of a requirement to “outpatient pharmacies” (see, e.g., BPC section 4076(a)(11)(B)). In this context, the Board interprets this to mean pharmacies that provide medications to consumers outside of an inpatient setting. However, such references may cause confusion as Pharmacy Law and regulations continue to change.

Different jurisdictions nationally have taken varying approaches, with some jurisdictions (such as Texas) issuing separate licenses for different classes of pharmacy licenses. Nevada issues a single pharmacy license that covers a variety of different types of business models. Nevada requires disclosure of the types of services.

The Committee previously considered this issue during its October 2025 Committee meeting. During this discussion, members noted that development of definitions could allow for more precise regulations and provide better transparency to patients regarding the types of services a pharmacy provides. Members noted that while consideration of definitions may be appropriate, separate license types do not appear appropriate.

For Committee Consideration and Discussion

During the meeting, members will receive presentations on several different types of pharmacy business models. Following the presentations, members will have the opportunity to continue their discussion of the issue and determine if it may be appropriate to establish definitions that reflect various business models. To assist the Committee with its consideration, staff have drafted definitions that

could serve as a starting point for the discussion. A pharmacy could fall within more than one of the proposed definitions depending on their business operations and customer base.

Community Pharmacy is a pharmacy that dispenses medications to the general public.

Chain Community Pharmacy is a community pharmacy that is part of a chain of 75 or more stores in California under the same ownership.

Central Fill Pharmacy is a California-licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy to dispense to the patient. (**Note:** This definition of “central fill pharmacy” has been proposed in a pending rulemaking to amend section 1707.4 of Article 2 of Division 17 of Title 16 of the California Code of Regulations.)

Closed Door Pharmacy is a pharmacy that is not open to the general public and that provides services to a specific group of patients in the following settings:

- Skilled nursing facilities
- Assisted living facilities
- Nursing homes
- Hospice or mental health facilities
- Board and care facilities
- Drug and alcohol treatment facilities

Home Infusion Pharmacy is a pharmacy that prepares and dispenses sterile parenteral medications for infusion to patients in their homes.

Infusion Center Pharmacy is a pharmacy that prepares and dispenses sterile parenteral medications for administration to patients by a licensed health care provider at any of the following settings:

- Medical office
- Pharmacy
- Health care facility where patients receive medical care.

Mail Order Pharmacy is a pharmacy that dispenses and delivers medications directly to a patient's home or designated address through any mail or courier services. For purposes of this section, Mail Order Pharmacy also is defined as a pharmacy that dispenses and delivers greater than 75% of total aggregate prescriptions dispensed to California residents through any mail or courier services.

Online Pharmacy is a pharmacy that dispenses medication and other health related services through a digital platform.

Specialty Pharmacy is a pharmacy that provides complex, high-cost medications for serious conditions that require special handling, close monitoring, and extensive patient support to ensure good health outcomes.

V. Discussion of Pharmacy Practice Experience Requirements Pursuant to Business and Professions Code Section 4209, Including Possible Action to Make a Recommendation to the Board to Remove Potential Barriers to Earning Experiential Training Outside of ACPE Accreditation Requirements and Consider a Draft Policy Statement

Relevant Law

[BPC section 4209](#) establishes a requirement for an intern pharmacist to complete 1,500 hours of pharmacy practice experience before applying for the pharmacist licensure examination as specified. Subdivision (d) of the section provides that an applicant for the examination who has graduated after January 1, 2016, from an ACPE (Accreditation Council for Pharmacy Education) accredited college of pharmacy shall be deemed to have satisfied the pharmacy practice experience requirement.

[BPC section 4114](#) provides that an intern pharmacist may perform all functions of a pharmacist at the discretion of and under the direct supervision and control of a pharmacist whose license is in good standing with the Board. This section further provides that a pharmacist may not supervise more than two intern pharmacists at any one time.

Background

The ACPE is recognized by the US Department of Education as the national agency for the accreditation of professional degree programs in pharmacy. The ACPE Board of Directors approved the new accreditation standards in 2024 with an effective date of July 1, 2025. All pharmacy programs were required to comply with the [new standards](#) by the effective date. Specifically related to intern hours requirements, the new standards consolidated Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) into a new standard, Experiential Learning.

The number of experiential learning hours appears to remain consistent. The standard requires at least 300 hours of IPPE experience including a minimum of 75 IPPE hours in patient care in both the community and hospital/health system settings. The remaining hours may be earned in a variety of pharmacy practice settings that expose students to patient care. In addition, 1,440 hours of APPE experience must be earned.

The standards also provide that each APPE rotation must be a minimum of 160 hours. The majority of APPE curriculum must be focused on patient care. The

standards specify that APPEs must be completed in the US or its territories and occur in four practice settings:

1. Community pharmacy
2. Ambulatory care
3. Hospital/health system pharmacy
4. Inpatient adult patient care

The standards allow for elective APPEs, with a maximum of 320 hours of non-patient care elective APPEs. **Note:** Given the standards, it is possible for a student to graduate without completing 1,500 hours of patient care experience.

Over the past few years, members have received comments both during meetings and during events regarding the pharmacy practice experience requirements and suggestions that the Board should reestablish a requirement for an intern pharmacist to complete internship hours outside of the advanced pharmacy practice experience rotations completed as part of their pharmacy education.

Summary of Prior Committee Discussion

As a reminder, during the October 2025 Committee meeting, members received three presentations on this issue from the following:

1. Sarah McBane, PharmD, Associate Dean, University of California Irvine
2. James Scott, PharmD, Former Dean, Touro University
3. Scott Takahashi, PharmD, FCSHP, FASHP

Dr. McBane's presentation provided an overview of key changes in the new ACPE accreditation standards that include diagnosing and prescribing. The presentation discussed requirements for pharmacy programs to collect and assess outcomes of experiential training to evaluate the quality of the education. Dr. McBane noted that students must complete introductory experience and advanced experience and that documentation is required by the accreditation agency to demonstrate the quality of the experience.

Dr. Scott's presentation reiterated some of the experience requirements for pharmacy education and noted that all California schools have established 240-hour experiential rotations. Dr. Scott noted that some pharmacy degree programs use an accelerated program that allows students to complete the PharmD education in three years through year-round learning (as opposed to a four year program.) Dr. Scott suggested that a requirement to earn additional intern hours outside of the student's education would be a burden for some students.

Dr. Takahashi provided an overview of his background, including his experience as an adjunct professor at multiple institutions and as a preceptor, and noted that he has seen a change in graduates over time. Dr. Takahashi suggested that this change is in part because of the lack of intern experience gained. Dr.

Takahashi noted a difference in pharmacy practice experience earned through a student's education that is instructional in nature versus experience earned outside of the school program that allows for integration of education into practice experience. Dr. Takahashi suggested that some new graduates are having challenges completing residencies and passing the pharmacist licensure exam.

The presentations may be viewed [here](#).

Members discussed the issue including their respective experience. Some members noted the potential value in completing intern experience beyond the experiential training gained in their pharmacy program, highlighting the difference between experience earned as part of pharmacy school education where students "observe" as opposed to working as an intern where they "practice." Members noted on a personal level that it was challenging but important to their development as a pharmacist. Members observed that some new graduates are entering practice without requisite knowledge of workplace requirements, adhering to work schedules, etc.

More recently during the November 2025 Board meeting, members continued their discussion. Members noted the value in interns gaining experience outside of the experiential training received as part of their pharmacy education. Members noted some of the challenges students may experience in trying to secure outside employment in part due to limited availability of intern positions. Members also considered if there is a way to incentivize employers creating additional intern positions.

Members noted the need to consider both long term and short term solutions and suggested that it may be appropriate to develop of a policy statement to convey the Board's support for interns gaining experience outside of experiential training. Members also suggested that evaluation of current legal requirements appeared appropriate to identify if legal barriers may create challenges for pharmacies establishing additional job opportunities for interns.

For Committee Consideration and Discussion

During the meeting, members will have the opportunity to continue discussion of this issue.

Following the November 2025 Board meeting, staff drafted a possible policy statement that could be used to convey the Board's support for interns gaining experience outside of the experiential training earned through pharmacy education.

Further, given the ratio provisions in BPC section 4114, it may be appropriate to consider if the current ratio is a barrier to creation of additional job opportunities for interns.

Attachment 2 includes a copy of the draft policy statement.

VI. Discussion of Changes in Pharmacy Law Included in Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025) Including Updates on Implementation Activities

Background

Assembly Bill (AB) 1503 is the Board's sunset measure. The measure extends the operations of the Board until January 1, 2030. The measure also includes a number of policy issues raised by the Board in its 2025 Sunset Oversight Review Report. The measure was approved by Governor Newsom on October 1, 2025.

Given the comprehensive nature of the measure, significant implementation activities will be required.

During the October 2025 Committee meeting and subsequent November 2025 Board meeting, members discussed activities necessary to implement the various provisions of the measure.

For Committee Consideration and Discussion

During the meeting, members will have the opportunity to discuss progress made to implement the various changes to Pharmacy Law that are included in AB 1503. The activities described below are in addition to the traditional implementation activities such as updates to the Board's mandatory online pharmacy law course, the Board's newsletter, reflected in updated versions of the relevant self-assessment form, and displayed on the Board's website.

New BPC Section 4001.5, Related to the Pharmacy Technician Advisory Committee (PTAC)

Summary: This new section requires the Board to establish an advisory committee to advise and make recommendations to the Board on matters related to pharmacy technicians. The committee shall consist of four licensed pharmacy technicians representing a range of practice settings; two licensed pharmacists, one of whom shall be a member of the Board; and one public member.

Implementation Activities: At the November 2025 Board meeting, members finalized the appointment process, duration of appointment, and minimum qualifications for individuals interested in serving on and appointed to the PTAC.

Implementation Status: Since the November Board meeting, several implementation activities have been initiated, including draft updates to the

Board Member Procedure Manual to reflect the addition of the PTAC. Members have also been surveyed for interest in serving on the PTAC.

Satinder Sandhu has been appointed by President Oh to serve as the Board member on the PTAC. Further, it is anticipated that the online application process will be ready for release in the first quarter of 2026.

Amended BPC Sections 4016.5, 4210, and 4233, Related to Advanced Pharmacist Practitioners (Formerly Known as Advanced Practice Pharmacists)

Summary: Renames the title “Advanced Practice Pharmacist” to “Advanced Pharmacist Practitioner.”

Implementation Activities: Pursue a Section 100 change to affected regulations to reflect the new license title. Changes will be required in the following sections of title 16, California Code of Regulations (CCR): 1702, 1702.1, 1706.6, 1730, 1730.1, 1730.2, and 1749.

Reminder: The Board voted to initiate a rulemaking to amend title 16, CCR, section 1730.1 related to Application Requirements for Advanced Practice Pharmacist Licensure that includes more substantive changes.

Implementation Status: Since the November Board meeting, Board staff prepared the Section 100 regulation changes, which are currently undergoing review by the Department of Consumer Affairs (DCA). Updates to the Application and Instructions for Advanced Pharmacist Practitioner Licensure, the Duplicate/Replacement License Request, the online PDF renewal application, and the CE FAQs have also been made. In addition, staff have submitted the appropriate service requests to update impacted IT systems.

Amended BPC Section 4036, Pharmacist Defined

Summary: Updates the definition of “pharmacist” to provide that the holder of an unexpired and active pharmacist license issued by the Board is entitled to practice pharmacy as defined by the Chapter 9 of Division 2 of the BPC, within or outside of a licensed pharmacy.

Implementation Activities: Pursue regulations to define provisions for remote processing.

Implementation Status: Since the Board approved the initiation of a rulemaking to add section 1717.11 Remote Processing to title 16 of the CCR at the November Board meeting, Board staff prepared the rulemaking materials. The rulemaking materials are currently undergoing review by DCA.

New BPC Sections 4040.6 and 4102, Related to Self-Assessment Process

Summary: Establishes the self-assessment process in statute.

Implementation Activities: Maintain the process of annual updates to the self-assessment forms for review by the appropriate committee and Board prior to finalizing and updating the form. Pursue a Section 100 change to remove regulations establishing the self-assessment process. Changes will be required in the following sections of title 16 of the CCR: 1715, 1715.1, 1735.1, 1736.1, and 1784.

Implementation Status: Since the November Board meeting, staff have developed updated draft self-assessment forms for community and hospital pharmacies for consideration by the Enforcement and Compounding Committee on January 7, 2026. Further, Board staff have prepared the Section 100 regulation changes which are currently undergoing review by DCA.

Amended BPC Sections 4051 and 4052, Related to Standard of Care

Summary: Defines “accepted standard of care” and transitions some provisions for pharmacist-provided health care services to a standard of care practice model, including in the following areas:

1. Furnish epinephrine
2. Furnish FDA-approved or authorized medications as part of preventative health care services that do not require a diagnosis, including the following:
 - a. Emergency contraception
 - b. Contraception
 - c. Smoking cessation
 - d. Travel medications
 - e. Anti-viral or anti-infective medications
3. Order and interpret tests
4. Furnish medication used to reverse opioid overdose and medication used to treat substance use disorder (e.g. Naloxone)
5. Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change
6. Initiate and administer immunizations for persons three years of age and older

The law also provides that a pharmacist should not provide a service or function if the pharmacist has made a professional determination that (1) they lack sufficient education, training, or expertise, or access to sufficient patient medical information, to perform the service or function properly or safely; (2) performing or providing the service or function would place a patient at risk; or (3) pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care. Provisions also establish a notification requirement to a patient’s primary care provider as specified.

As part of the transition to a standard of care practice model for certain pharmacist-provided health care services, some provisions of law that established prescriptive requirements and/or required pharmacists to follow

standardized procedures and protocols have been repealed, for example, former BPC sections 4052.01, 4052.02, 4052.03, 4052.3, 4052.8, and 4052.9.

Implementation Activities: Pursue a Section 100 change to repeal several regulations that establish protocols and other prescriptive requirements that are deemed moot by the transition to a standard of care practice model, including the following sections of title 16 of the CCR: 1732.5, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, and 1747. Further, remove the current online training regarding HIV PEP and PrEP. Release a policy statement related to standard of care practice model.

Implementation Status: Since the November Board meeting, Board staff prepared the Section 100 regulation changes, which are currently undergoing review by DCA. The Board's [policy statement](#) was posted on the Board's website and draft updates to the Board Member Procedure Manual to reflect the addition of the policy statement have been made.

Amended BPC Sections 4081 and 4105, Related to Pharmacy Records

Summary: Updates pharmacy records requirements to specify that policies and procedures related to pharmacy personnel and pharmacy operations must also be maintained. Allows all records to be maintained in digitized format subject to specified conditions.

Implementation Activity: Develop FAQs regarding digitizing records.

Implementation Status: Work has not yet started on the FAQs. Once prepared, the draft FAQs will be considered at a future meeting. As a reminder, the Board is looking to transition the format of its various FAQs.

Amended BPC Section 4111, Related to Ownership Prohibitions

Summary: Update ownership prohibition to allow for ownership of a pharmacy by a person with whom the person shares a community or other financial interest under specified conditions.

Implementation Activity: Update the pharmacy license application and instructions.

Implementation Status: Since the November meeting, staff have updated the pharmacy license application and instructions.

Amended BPC Sections 4112, 4113, and 4113.1, Related to Nonresident Pharmacies

Summary: Effective July 1, 2026, updates the requirements for a nonresident pharmacy to include authority for the Board to inspect a nonresident pharmacy and assess a reasonable amount to cover the Board's costs. Further, effective

July 1, 2026, requires a nonresident pharmacy to designate a California-licensed pharmacist to serve as the pharmacist-in-charge. In addition, updates the medication error reporting requirements for nonresident pharmacies to clarify that only medication errors related to prescriptions dispensed to California residents must be reported.

Implementation Activities: Update the nonresident pharmacy license application and instructions, and the Change of PIC application form and instructions. Update the FAQs related to AB 1286 related to medication error reporting.

Implementation Status: Since the November Board meeting, the updated FAQs related to AB 1286 have been posted on the Board's website. Staff have also updated the nonresident pharmacy application and instructions. Further, the Board released a subscriber alert describing all of the relevant changes impacting nonresident pharmacies, added two additional CPJE test administration dates, and provided email notification to nonresident pharmacies describing relevant changes. In addition, the Board's [policy statement](#) on the role of the PIC, which highlighted relevant changes related to nonresident PICs, was posted on the Board's website.

Amended BPC Section 4113, Related to Pharmacist-in-charge, Staffing

Summary: Provides that the Pharmacist-in-Charge (PIC) shall (instead of may) make staffing decisions at the pharmacy. Requires the PIC to determine appropriate pharmacist to technician ratio, which may not exceed 1 pharmacist to 3 pharmacy technicians (1:3).

Implementation Activities: Update the FAQs related to AB 1286 related to PIC staffing authority. Update the Board provided PIC education. Release a policy statement related to the role of a PIC.

Implementation Status: The Board's [policy statement](#) was posted on the Board's website and draft updates to the Board Member Procedure Manual to reflect the addition of the policy statement have been made. Further, the updated FAQs related to AB 1286 have been posted on the Board's website.

Amended BPC Section 4113.6, Related to Chain Community Pharmacy

Summary: Requires a chain community pharmacy to post, in a prominent place for pharmacy personnel, a notice that provides information on how to file a complaint with the Board.

Implementation Activity: Develop a sample notice for posting.

Implementation Status: The Communication and Public Education Committee will consider a sample notice during its January 8, 2026 meeting.

Amended BPC Section 4115, Related to Pharmacy Technicians

Summary: Clarifies the authorized duties of a pharmacy technician, increases the pharmacist to pharmacy technician ratio, and establishes authority for pharmacy technicians to perform specified duties outside of a licensed pharmacy.

Implementation Activity: Update the FAQs related to AB 1286 reflecting the changes to pharmacy technician authorizations.

Implementation Status: The updated FAQs have been posted on the Board's website.

Amended BPC Section 4200.5, Related to Retired Pharmacist License

Summary: Establishes provisions for an individual to restore their retired pharmacist license under specified conditions.

Implementation Activity: Develop a standardized request form that can be used to facilitate collection of information and fees.

Implementation Status: Since the November 2025 Board meeting, staff have updated the retired pharmacist form to include provisions for restoration of a license.

New BPC Section 4317.6, Related to Mail Order Pharmacy

Summary: Establishes provisions to allow the Board to issue fines for up to \$100,000 under specified conditions.

Implementation Activity: Include as part of the annual citation and fine presentation, citations issued under the new authority.

Implementation Status: Following implementation, it is anticipated that the first presentations will be provided during the Enforcement and Compounding Committee's 2027 annual presentation.

Amended BPC Section 4400, Related to Fees

Summary: Establishes authority for the Board to waive the application and renewal fee for a pharmacy providing in-person patient care services in a medically underserved area, as defined.

Implementation Status: Board staff processes have been updated.

VII. Discussion of Statutory Proposal to Establish Provisions for a Retired Advanced Pharmacist Practitioner License and Clarify Provisions Regarding Cancellation of an Advanced Pharmacist Practitioner License

Relevant Law

[BPC section 4016.5](#)¹ defines an advanced pharmacist practitioner as a licensed pharmacist who has been recognized as an advanced pharmacist practitioner by the Board, pursuant to BPC section 4210. A Board-recognized advanced pharmacist practitioner is entitled to practice advanced practice pharmacy, as described in BPC section 4052.6, as specified.

[BPC section 4210](#) provides that to be eligible for recognition as an advanced pharmacist practitioner, a person must, among other requirements, hold an active license to practice pharmacy issued by the Board that is in good standing. The section further provides that an advanced pharmacist practitioner recognition issued pursuant to the section shall be coterminous with the certificate holder's license to practice pharmacy.

[BPC section 4211](#) provides that an inactive advanced pharmacist practitioner recognition will be issued under certain conditions, including if the underlying pharmacist license becomes inactive. The section further sets forth provisions permitting the reactivation of an inactive advanced pharmacist practitioner recognition if specified conditions are met.

[BPC section 4402](#) establishes provisions regarding cancellation of licenses. The section provides that a pharmacist license that is not renewed within three years following its expiration shall be cancelled by operation of law at the end of the three-year period. The section further provides that any other license issued by the Board may be cancelled by the Board if the license is not renewed within 60 days after its expiration.

Background

As discussed under the prior agenda item, AB 1503 updated the provisions for a retired pharmacist license, establishing an alternative pathway for restoration of a retired pharmacist license within three years of issuance of the retired license.

While Pharmacy Law includes provisions for a retired pharmacist license, no similar provisions exist for the issuance of a retired advanced pharmacist practitioner license.

For Committee Consideration and Discussion

Given the relationship between the pharmacist and advanced pharmacist practitioner licenses, it appears appropriate to consider if the Board should establish a retired advanced pharmacist practitioner license.

Attachment 3 includes a draft statutory proposal that could be used to establish provisions for a retired advanced pharmacist practitioner license, as well as

¹ Under provisions in Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025), "advanced practice pharmacist" was retitled to "advanced pharmacist practitioner."

provisions to provide clarity that an advanced pharmacist practitioner license will be cancelled by operation of law when the underlying pharmacist license is not renewed.

VIII. Discussion of Licensing Statistics

Licensing statistics for the first 5 months of FY 2025/26 (July 1, 2025 – November 30, 2025) are provided in **Attachment 4**.

During the timeframe, the Board has received 6,519 initial applications, including:

- 1,086 intern pharmacists
- 1,119 pharmacist exam applications (429 new, 690 retake)
- 98 advanced practice pharmacists
- 2,503 pharmacy technicians
- 140 community pharmacy license applications (9 chain, 131 nonchain)
- 30 sterile compounding pharmacy license applications (28 LSC, 2 NSC, 0 SCP)
- 52 nonresident pharmacy license applications
- 8 hospital pharmacy license applications

During the timeframe, the Board has received 2 requests for temporary individual applications (Military Spouses/Partners), including:

- 2 temporary pharmacy technicians

During the timeframe, the Board has received 201 requests for temporary site license applications, including:

- 107 community pharmacy license applications
- 18 sterile compounding pharmacy license applications
- 31 nonresident pharmacy license applications
- 1 hospital pharmacy license applications

During the timeframe, the Board has issued 4,637 individual licenses, including:

- 1,064 intern pharmacists
- 847 pharmacists
- 75 advanced practice pharmacists
- 2,472 pharmacy technicians

During the timeframe, the Board has issued 3 temporary individual applications (Military Spouses/Partners), including:

- 2 temporary pharmacy technicians
- 1 temporary pharmacist

During the timeframe, the Board has issued 262 site licenses without temporary license requests, including:

- 111 automated drug delivery systems (67 AUD, 44 APD)

- 41 community pharmacies
- 0 hospital pharmacy

During the timeframe, the Board has issued 656 temporary site licenses, including:

- 577 community pharmacies
- 6 hospital pharmacies

Site Application Type	Application Processing Times as of 10/1/2025	Application Processing Times as of 12/22/2025	Deficiency Mail Processing Times as of 10/1/2025	Deficiency Mail Processing Times as of 12/22/2025
Pharmacy	32	21	33	42
Nonresident Pharmacy	35	28	34	41
Sterile Compounding	7	40	43	55
Nonresident Sterile Compounding	Current	54	43	51
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	Current	Current	Current	Current
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	7	11	Current	Current
Clinic	41	52	25	49
Wholesaler	39	45	65	50
Nonresident Wholesaler	39	45	71	67
Third-Party Logistics Provider	Current	48	Current	11
Nonresident Third-Party Logistics Provider	25	49	Current	66
Automated Drug Delivery System	20	21	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

Individual Application Type	Application Processing Times as of 10/1/2025	Application Processing Times as of 12/22/2025	Deficiency Mail Processing Times as of 10/1/2025	Deficiency Mail Processing Times as of 12/22/2025
Exam Pharmacist	7	6	Current	3
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	28	28	4	Current
Intern Pharmacist	27	32	15	8
Pharmacy Technician	35	39	15	6
Designated Representative	25	12	5	4
Designated Representatives-3PL	26	Current	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

IX. Advisement of Future Committee Meeting Dates

- April 15, 2026
- June 11, 2026
- September 30, 2026

X. Adjournment

Attachment 1



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

Date: October 15, 2025

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

Board of Pharmacy staff members were present at the observation and public comment location. All Committee members participated from remote locations via Webex.

PUBLIC PARTICIPATION AND COMMENT FROM A REMOTE LOCATION VIA WEBEX

**Board Members
Present via Webex:**

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

**Board Members
Not Present:**

Jessi Crowley, PharmD, Licensee Member

Staff Present:

Anne Sodergren, Executive Officer
Julie Ansel, Deputy Executive Officer
Lori Martinez, Chief of Legislation, Policy and Public Affairs
Corinne Gartner, DCA Counsel
Jennifer Robbins, DCA Regulations Counsel
Julie McFall, Executive Specialist Manager

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

Chairperson Oh called the meeting to order at approximately 9:04 a.m.

President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. 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; Satinder Sandhu, Licensee Member; Claudia Mercado, Public Member; and Seung Oh, Licensee Member. A quorum was established.

Dr. Oh reminded Committee members to remain visible with cameras on throughout the open portion 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.

Dr. Oh requested staff send out a link to all Board members when the livestream of the meeting is available to ensure members that are interested have an opportunity to review the meeting prior to the November Board meeting.

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

Members of the public participating from Sacramento were provided the opportunity to comment. A representative from CPhA noted appreciation for the Board's leadership and collaboration on AB 1503 and SB 41, and spoke about how CPhA is working to support implementation of the bills. The commenter noted that CPhA applauds the creation of the Pharmacy Technician Advisory Committee, continues discussions with Department of Health Care Access and Information to integrate community health workers into pharmacy teams, and is committed to working with the Board to meet consumer protection.

Members of the public participating via Webex were provided the opportunity to comment. A specialty pharmacist noted that she was pleased with the passage of AB 1503 and has received feedback from her employer

that they are awaiting clarifying guidance on remote processing. Another commenter noted the importance of starting the meeting on time.

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

III. Discussion and Possible Action to Approve Minutes of the June 12, 2025 Licensing Committee Meeting

The draft minutes of the June 12, 2025 Licensing Committee meeting were presented for review and approval.

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

Motion: Approve the June 12, 2025 Licensing Committee meeting minutes as presented in the meeting materials.

M/S: Barker/Sandhu

Members of the public 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

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

IV. Discussion of Pharmacy Practice Experience Requirements Pursuant to Business and Professions Code Section 4209, Including Presentations and Possible Action to Make a Recommendation to the Board

Chairperson Oh provided background on the item and indicated the meeting materials included information on the updated Accreditation Council for Pharmacy Education (ACPE) standards that all accredited

pharmacy school programs must satisfy. Dr. Oh noted the standards establish rotation requirements and require completion of a total of 1,740 hours of experience, but do not require all experience to be related to direct patient care. Dr. Oh further noted the Board had received comments suggesting that it reestablish a requirement for an intern to complete internship hours outside of the practice experience gained as part of their pharmacy education. Dr. Oh advised the Committee would receive three presentations providing additional education on the topic.

1. Sarah McBane, Associate Dean, University of California Irvine

Dr. Oh introduced Dr. Sarah McBane, Associate Dean, University of California Irvine.

Dr. McBane outlined the ACPE experiential accreditation requirements and noted that the new ACPE standards became effective July 1, 2025. Dr. McBane described key differences in the updated standards, specifically reviewing Standard 3: Experiential Learning. Dr. McBane explained that Standard 3.1 Introductory Pharmacy Practice Experiences (IPPEs) focuses on common contemporary pharmacy practice models and students must complete no less than 300 hours, including 75 hours in a community setting and 75 hours in a hospital/health system setting, and the remaining 150 hours in various settings that must include patient care. Dr. McBane stated that simulation cannot be used towards this requirement and noted students can “place out” of some hours, however, the schools must document achievement of the outcomes that would be expected from that practice setting and must replace with other patient care IPPE hours.

Dr. McBane next explained that Standard 3.2 Advanced Pharmacy Practice Experiences (APPEs) emphasizes continuity of care and incorporates acute, chronic, and wellness promoting patient care services with the intention of exposing students to diverse patient populations. Dr. McBane noted the duration of APPEs is no less than 1,440 hours and each APPE must be at least 160 hours of which the majority must be focused on patient care. Dr. McBane explained that elective hours may be non-patient care, however, the maximum non-patient care hours cannot exceed 320 hours. Dr. McBane further explained that the required APPEs include community, ambulatory care, hospital/health systems, and inpatient adult care. Dr. McBane indicated that on the licensure application in California there is an hours affidavit that notes 600

hours may be completed in other settings that are substantially related to the practice of pharmacy. Dr. McBane noted electives are intended as areas for students to further highlight their areas of interest and professional growth and development.

Dr. McBane then highlighted the level of rigor applied to pharmacy programs by ACPE to obtain accreditation.

Finally, Dr. McBane reviewed Entrustable Professional Activities (EPAs), which describe the work of pharmacists as workplace tasks and responsibilities that students are entrusted to do in the experiential setting with direct or distant supervision.

Members were provided the opportunity to comment. Members asked how feedback was collected from students and how hours were tracked. Dr. McBane explained feedback was collected in a variety of ways including evaluations submitted at the conclusion of every rotation, and hours are generally tracked through software systems.

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

2. James Scott, PharmD, Former Dean, Touro University

Dr. Oh next introduced Dr. James Scott, Former Dean, Touro University.

Dr. Scott added to Dr. McBane's comments and noted there are 1,740 hours required, although with the new ACPE standards nonpatient care is limited to 320 hours. Dr. Scott further noted in California all schools have 240-hour (i.e., six-week) rotations, which ensures that students receive 1,500 patient care hours.

Dr. Scott noted that accelerated programs (i.e., programs less than four years long) have a harder time fitting in rotation hours due to year-round curriculum with no summer break. Dr. Scott indicated half the schools in California offer accelerated programs, which makes it difficult for students to find time to obtain internship hours if required to be separate from the required rotation hours. Dr. Scott further noted that many students are not able to work during pharmacy school because of the pressures within the academic institutions and expressed that having to do additional external

hours would be burdensome for many students. Dr. Scott also noted that pharmacy schools would have additional workload burdens to collect hours and set up external rotations.

Members were provided the opportunity to comment. A member requested information on Dr. Scott's opinion related to the biggest challenges facing students. Dr. Scott noted his opinion that the CPJE is the biggest barrier.

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 provided the opportunity to comment. One commenter was curious how many other states currently have an intern hours requirement that is external to the experiential rotations. Another commenter noted there is a database which details the state intern hours requirements and shows that most states do not have an external requirement beyond the ACPE experiences. The commenter added that ACPE requires schools to have a process to verify earned hours and preceptors are asked to verify hours. The commenter also spoke on the nonpatient care hours limitation of 320 hours and indicated that it does not mean every student must do that, but rather that students who wish to do an elective in areas such as managed care, pharmacy administration, or pharmaceutical industry have an opportunity to do one of their APPEs in that area.

3. Scott Takahashi, PharmD, FCSHP, FASHP

Dr. Oh then introduced Dr. Scott Takahashi.

Dr. Takahashi provided an overview of his background, including his experience as an APPE instructor, site coordinator, and preceptor, and noted he has seen a change in graduates over time and believes it is in part because of lack of intern experience. Dr. Takahashi noted that during the pharmacist shortage in the early 2000s, as school expansions occurred, experiential practice sites became unavailable.

Dr. Takahashi expressed his personal view that the strongest students were those who worked consistently and were able to integrate practical experience into their coursework and vice versa. He noted this reflected the apprenticeship dimension of the internship experience, which he

viewed as particularly valuable because it unfolds over several years rather than during a brief six-week period. Dr. Takahashi noted concerns with the integration of artificial intelligence and observed that, in his view, new graduates are starting practice unable to perform basic tasks, and students will be more prepared to enter the workforce if they have external internship hours behind them. Dr. Takahashi also noted the accountability level for graduates tends to be different for internships versus IPPE and APPE experiences since IPPE and APPE tend to be instruction oriented rather than work oriented.

Members were provided the opportunity to comment. Members discussed whether pharmacy practice should be viewed as a profession versus a job, and shared their opinions and observations on this topic.

Members generally agreed with Dr. Takahashi's views of learning integration between classroom and actual patient care, and some shared his observation that some new graduates seem to lack basic job skills. It was noted that interns with outside experience understand operational issues and learn faster. Members also agreed with the limitations on availability of hours for interns. Members questioned if there are other paradigms for external internship requirements that could be considered given student commitment with the IPPEs, APPEs, and accelerated programs. Members also discussed generational shifts and differing attitudes towards work that they have observed in practice.

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 provided the opportunity to comment. Several commenters urged the Board not to increase pharmacy practice experience hours beyond those already required by ACPE and questioned if there is data to support that increasing experience hours improves patient safety. Commenters also noted the current requirements for ACPE do not prevent any student from seeking an external internship, but also pointed out that finding sites for IPPEs and APPEs is already difficult and this would be problem for external internships, too. Another commenter noted that IPPEs and APPEs do not allow students to be paid and suggested that the Board needs to obtain information about which IPPE and APPE hours are done through simulations versus on site practice.

Dr. Oh noted that many other pharmacists have indicated that students do not appear practice ready and suggested the Board look at creative and innovative ways to incentivize students to earn practice experience.

Members were provided the opportunity to comment. Members generally agreed that experience as an intern was valuable but also agreed that reestablishing an external internship requirement was not the solution, and that the Board should instead look at creative ways to incentivize students to obtain additional experience.

A member of the public participating in Sacramento was provided the opportunity to comment. The commenter echoed all comments and noted some of the challenges schools may see with preceptors and how to incentivize the preceptor to ensure quality APPEs as well as accounting for interstate pharmacists' outcomes.

The Committee took a break from 10:48 a.m. to 11:05 a.m.

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

V. Discussion of Changes in Pharmacy Law Included in, and Possible Action to Make a Recommendation to the Board Regarding Implementation Activities Regarding, Assembly Bill 1503 (Berman, 2025)

Dr. Oh noted the governor signed AB 1503 on October 1, 2025. As a result, significant changes to pharmacy law will become effective January 1, 2026. Dr. Oh proceeded to highlight several provisions in the bill and led a discussion on proposed implementation activities.

New Section 4001.5, Related to a Pharmacy Technician Advisory Committee

Dr. Oh noted that new section 4001.5 of the Business and Professions Code (BPC) requires the Board to establish an advisory committee that will be responsible for making recommendations to the Board on matters related to pharmacy technicians. The committee shall consist of four licensed pharmacy technicians representing a range of practice settings, two licensed pharmacists, one of whom shall be a member of the Board and shall be appointed by the Board president, and one member of the public.

Dr. Oh noted agreement with the criteria staff recommended for appointment to the committee and also recommended the Board establish a four-year term for members of the committee. Dr. Oh questioned if the appointment process should be done at the Board level in a public meeting, or if it might instead be appropriate to delegate authority to the Board president to appoint members to the committee.

Dr. Oh highlighted there was a public comment from CSHP posted on the website regarding this agenda item.

Dr. Oh also noted the importance of defining practice experience for pharmacy technicians serving on the committee.

Members were provided the opportunity to comment. Members agreed that pharmacy technician appointees to the committee should be currently practicing and that the term for committee members should be consistent with the four-year term that applies to Board members. Members also agreed that the committee membership should represent diverse practice settings and supported requiring 2-4 years of practice experience in a consistent setting, possibly mirroring the practice settings required on the Board. Members also spoke in support of requiring letters of recommendation as part of the application process.

Members discussed the application review process but did not reach consensus on the issue of how members of the committee should be appointed, so that issue will be brought to the full Board for further discussion. A member asked how the availability of the new committee would be publicized. Staff noted that information will be disseminated through *The Script*, subscriber alerts, website updates, as well as through associations, meetings, and conferences.

Members also noted there is no implementation timeline established in the legislation.

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 provided the opportunity to comment. One commenter spoke in support of the great opportunity for pharmacy technicians to come together and stated they look forward to

hearing skill recommendations required to serve on the committee. Another commenter suggested that initially terms should be staggered to maintain consistency in the committee's composition. A representative of CSHP thanked the Committee for incorporating their comments into the agenda and noted that CSHP has been a long supporter of advancing pharmacy technician practice. A representative of CPhA noted strong support and echoed the Committee's suggestion regarding experience requirements, noting that geolocation should be a part of diversity.

Amended Sections 4016.5, 4210, and 4233, Related to Advanced Pharmacist Practitioners (Formerly Known as Advanced Practice Pharmacists)

Dr. Oh noted agreement with staff recommendations for implementation of these statutory amendments.

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

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter inquired if there was consideration of a new acronym in place of the current one, APH. Another commenter inquired if new licenses will be issued to reflect the new designation.

Amended Section 4036 Pharmacist Defined

Dr. Oh noted this statutory amendment clarifies that pharmacists are not restricted to practicing only within the four walls of a licensed pharmacy, and accordingly, the Committee may wish to consider whether it is appropriate to pursue regulations that expressly permit broader remote processing authority for pharmacists.

Dr. Oh noted he worked with staff to draft possible regulatory language for the Committee's consideration.

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

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter spoke in appreciation of the statutory amendment and

encouraged the Board to expedite rulemaking on remote processing, but noted concern about the inspection requirement in the proposed regulatory language. The commenter further noted Kentucky allows for virtual inspection and requested the Board consider requiring virtual inspections instead. The Committee also heard comments from specialty pharmacists that their employer is waiting on clarification from the Board on remote processing and inquiring if the Board will be providing guidance. Another commenter noted concerns with the language related to subsection (b)(1) with relation to a specific practice setting, and requested the Board rethink the language.

Dr. Oh noted that much of the proposed language derived from the remote processing waivers the Board granted in the past, and that the Board could review and simplify the language. Dr. Oh also noted the inspection requirement does not mean there would be surprise inspections, only that the Board has authority to conduct an inspection if circumstances warrant it.

Members were provided the opportunity to comment. One members noted concern about cybersecurity, and another member noted that subdivision (a)(1) in the proposed language appears to address that. A member also mentioned wanting less prescriptive requirements.

Dr. Oh reminded the Committee that this is related to dispensing a prescription and not providing clinical knowledge. Dr. Oh also noted that the Board might consider drafting a policy statement regarding remote processing.

A member noted that if the Board made pharmacies responsible for security and inspecting the space, the specific requirements could then be in the pharmacies' Standard Operating Procedures (SOPs). This way, the pharmacy would be responsible for inspecting the space, and if the Board needed to inspect, the Board could follow the established SOP inspection method.

New Sections 4040.6 and 4102, Related to Self-Assessment Process

Dr. Oh noted the transition to statutory provisions for the self-assessment process will streamline the approval process for self-assessment forms and assist licensees in maintaining compliance with pharmacy law. Dr. Oh further noted that consistent with prior Board action, Enforcement and Compounding Committee Chairperson Maria Serpa and President Oh had preliminary discussions with staff on simplifying the self-assessment process and streamlining the forms.

Dr. Oh noted that as required by statute, the Board will review and approve all self-assessment forms, and this could occur as early as the Board's January 2026 meeting.

Members were provided the opportunity to comment. Members spoke in support of the change.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

Amended Sections 4051 and 4052, Related to Standard of Care

Dr. Oh noted there is significant work to implement the standard of care provisions in AB 1503. He continued that while much of the work can be performed by the executive officer under delegated authority, he believed it appropriate to consider if release of a policy statement is appropriate. Dr. Oh noted the meeting materials included a draft statement.

Members were provided the opportunity to comment. Members spoke in support of the policy statement and suggested summary headings for ease of reading.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. Several commenters commended the Board in moving the standard of care transition for pharmacy practice forward and supported the approach of deferring to professional judgement. Another commenter requested language in the policy statement that reminds people that the standard of care does not apply to all pharmacist functions, such as compounding.

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

Amended Sections 4081 and 4105, Related to Pharmacy Records

Dr. Oh noted agreement with staff's recommendation to develop FAQs to clarify how to operationalize digitizing records.

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

Amended Section 4111, Related to Ownership Prohibitions

Dr. Oh noted agreement with the identified implementation activities.

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

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A commenter noted that pharmacy records are located “in the cloud” and not physically located in the pharmacy and the Board may want to review language around that. Additionally, the commenter noted federal law requires backup for information that is digitized and this may need to be addressed as well.

Amended Sections 4112, 4113, and 4113.1, Related to Nonresident Pharmacies

Dr. Oh highlighted the substantive amendments to BPC section 4112, which, among other things, provide authority for the Board to inspect nonresident pharmacies and require that the PIC of a nonresident pharmacy be licensed in California, become effective July 1, 2026.

Dr. Oh noted agreement with the recommended implementation activities, including updating FAQs related to medication error reporting requirements, PIC trainings, and any other items.

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

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter noted he has received several calls from operators of nonresident pharmacies and recommended a communication be distributed as quickly as possible explaining what is required for licensure in California, including potentially taking the NAPLEX. Another commenter requested clarification on whether the home state PIC must apply for California licensure or if any pharmacist could test and become the California PIC.

Dr. Oh noted that the Board will distribute information to nonresident pharmacies through subscriber alerts as well as *The Script*. Dr. Oh also noted that the law does not specify that the home state PIC must be the PIC for California. The PIC must have vested resources and authority to function as the PIC for California operations. Dr. Oh suggested creating an FAQ or other guidance on this and bringing it before the full Board.

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

Amended Section 4113, Related to Pharmacist-in-charge, Staffing

Dr. Oh noted agreement with updating the FAQs.

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

Amended Section 4113.6, Related to Chain Community Pharmacy

Dr. Oh noted agreement with developing a sample notice that a chain community pharmacy could post to provide information on how to file a complaint with the Board. If the Committee agreed, the sample notice could be developed by the Communication and Public Education Committee.

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

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

Amended Section 4115, Related to Pharmacy Technicians

Dr. Oh noted agreement with updating the FAQs related to AB 1286 reflecting the changes to pharmacy technician authorizations allowing pharmacy technicians to be able to perform certain functions outside of a pharmacy.

Members were provided the opportunity to comment. A member requested clarification on what was meant by “outside the four walls.” Dr. Oh explained that pharmacy technicians providing immunizations outside the four walls of a

pharmacy would technically not be allowed currently. Dr. Oh noted with the amendments, pharmacy technicians will be able to give flu shots and COVID shots outside of a pharmacy.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter shared personal accounts of technicians being technically outside the pharmacy assisting in a hospital or in the over-the-counter area of a pharmacy and requested language and FAQ definitions be reviewed. A representative of CPhA spoke in support of modernizing technician practice.

Amended Section 4200.5, Related to Retired Pharmacist License; New Section 4317.6, Related to Mail Order Pharmacy; Amended Section 4400, Related to Fees

Dr. Oh noted agreement with the recommended implementation activities related to the new provisions for individuals to restore their retired pharmacy license as well as the recommended implementation activities related to the higher fine authority for mail order pharmacies and the Board's authority to waive fees for a pharmacy providing in-person patient services in a medically underserved area.

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

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

Dr. Oh provided one last opportunity for members of the public to comment on any agenda item related to AB 1503. A commenter thanked the Board members and Board staff for the work and applauded Dr. Rita Shane's contribution to the bill regarding discharge medication for high risk patients.

Members were provided the opportunity to comment on AB 1503. A member inquired if there were sentiments from legislators that the Board should be aware of as they move forward. Ms. Sodergren noted that as the Board moves forward with implementation activities, the Board will be keeping the consultants from the Senate and Assembly Business and Professions Committees apprised.

VI. Discussion of California Code of Regulations, Title 16, Section 1793.8, Technicians in Hospitals with Clinical Pharmacy Programs, Including Possible Action to Make a Recommendation to the Board Regarding Proposed Amendment to Section 1793.8

Dr. Oh noted the meeting materials highlight several relevant provisions of pharmacy law and include a brief background of the actions the Board has undertaken to evaluate the critical role pharmacy technicians play in supporting pharmacists and the changes made to the authorized functions of pharmacy technicians.

Dr. Oh noted attachment 3 of the meeting materials included proposed regulation language to incorporate changes and develop a regulatory model to allow a hospital pharmacist in charge to determine additional nondiscretionary tasks that a pharmacy technician may perform in a hospital with a clinical pharmacy program.

Dr. Oh noted agreement with the recommended approach.

Members were provided the opportunity to comment. Members spoke in support of the draft language.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A representative of CSHP spoke in support of the proposed language.

VII. Discussion of Pharmacist to Pharmacy Technician Ratio in the Inpatient Setting, Including Possible Action to Make a Recommendation to the Board Regarding Proposed Amendment to California Code of Regulations, Title 16, Section 1793.7, Requirements for Pharmacies Employing Pharmacy Technicians

Dr. Oh reminded members that in 2024 the Board released a survey related to the pharmacist to pharmacy technician ratio. The results were discussed during the July 2024 Licensing Committee meeting. The results differentiated the data between the institutional (hospital) and noninstitutional (community) settings. Dr. Oh noted since the ratio in the noninstitutional setting is set in statute, the Board prioritized the assessment of the ratio in that setting to meet the timing of the sunset review process, but today the Committee would begin its review of the ratio for the institutional setting, which is established in regulation.

Dr. Oh noted the pharmacist-to-pharmacy technician ratio is a critical component in ensuring both operational efficiency and patient safety within hospital and health-system pharmacies and the Board's regulations currently have established a fixed ratio.

Dr. Oh recalled during the June 2025 meeting, the Committee reached consensus that the Board should consider providing greater flexibility for hospitals to establish the appropriate pharmacist to pharmacy technician ratio.

Dr. Oh referred to attachment 4 of the meeting materials, which included proposed regulation language, and noted the proposed language takes an approach that will allow the PIC to establish the appropriate ratio. Dr. Oh noted the approach was generally consistent with the PIC delegation authority to establish a ratio in the community pharmacy setting. Dr. Oh noted the proposed language also included some nonsubstantive changes to reflect updates in state department names.

Dr. Oh noted the current and proposed language is clear that the ratio is only "in connection with the dispensing of a prescription."

Members were provided the opportunity to comment. Members spoke in support of the proposed text.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A representative of CSHP spoke in support of the proposal. Another commenter found it interesting the ratio only applies to dispensing of a prescription and noted in hospitals there are "orders," so the regulation language may cause confusion and may need additional clarification.

Dr. Oh noted the Board would review the language to determine if further clarification was needed.

VIII. Discussion of Proposal to Establish Definitions for Pharmacies Based on Business Model

Dr. Oh noted the requirements for pharmacies apply equally among a variety of business models, unless otherwise specified, and that this approach allows for broad regulation but can become challenging when business models vary but requirements do not. Dr. Oh further noted that within existing law there are instances where a more specific definition is referenced, but only when

applying to a specific provision of the law. For example, pharmacy law does not currently include a general definition of “chain community pharmacy,” but instead refers to BPC section 4001 for the definition. Dr. Oh noted BPC section 4001 states a chain community pharmacy means a chain of 75 or more stores in California under the same ownership, and an independent community pharmacy means a pharmacy owned by a person or entity who owns no more than four pharmacies in California.

Dr. Oh noted different jurisdictions nationally have taken varying approaches, with some jurisdictions, such as Texas, issuing separate licenses for different types of pharmacies. On the other hand, Nevada issues a single pharmacy license that covers a variety of different types of business models and requires disclosure of the types of services.

Dr. Oh noted he is a proponent of maintaining a broad licensing scheme but understands the value in developing definitions that could result in more precise regulation of pharmacy requirements.

Members were provided the opportunity to comment. Members noted they would like to hear from staff how added business models would impact their work in terms of efficiency and costs. Ms. Sodergren noted that definitions would probably be helpful at the staff level, while establishing different types of licenses would have some impacts to workload while implementing but could absolutely be undertaken. Members discussed impacts of adding new license types, creating a requirement for disclosure of specific services, or adding definitions. Members noted that definitions would allow for better data and liked that it would provide better consumer transparency and provide clarity.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter noted that the definition of a chain community pharmacy is good, but vendor drop offs are challenging. Another commenter provided background on his experiences, indicated he doesn't favor the Texas model, and noted there are places where clarity is needed such as if businesses have 5-74 pharmacies, are they independent or chain. Another commenter spoke in support of adopting definitions.

Dr. Oh noted that due to time constraints, the Committee would not be discussing agenda item XI. Member Chandler noted he would not be returning after lunch.

The Committee took a break from 1:00 p.m. - 1:45 p.m.

Roll call was taken. The following members were present via Webex: Renee Barker, Licensee Member; Claudia Mercado, Public Member; Satinder Sandhu, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

IX. Discussion of Infusion Center Pharmacies, Including Discussion of Possible Changes to Pharmacy Law to Create a New Licensing Program

Dr. Oh noted the meeting materials detailed the relevant provisions of pharmacy law related to this agenda item and noted infusion center pharmacies are a unique business model in which patients go to an infusion center for infusion of their medications by an authorized health provider. Currently, this specific business model is required to meet all of the requirements established for a community pharmacy.

Dr. Oh stated that he believed infusion center pharmacies may be an instance where establishing a new license type may be appropriate and will allow for more targeted regulation.

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

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter provided a personal recollection of the history of infusion centers and spoke in support of providing clarity in the law. Another commenter agreed it would be beneficial to have some definitions and felt if there was a change to the licensing requirements that centers may lose elements such as patient counsel and rights for patient safety as the business model is becoming more robust. A third commenter expressed that it was important the license requirements match the practice. The commenter continued that infusion centers are closer to hospital pharmacies than to retail pharmacies and some legal requirements for community pharmacies, such as font on the label and consumer postings, do not apply to infusion centers.

Members were provided the opportunity to comment. Members agreed that more clarity is needed and that a separate license is probably not necessary, but definitions may be helpful. A member also requested that an informational presentation be provided at a future meeting to allow the

Committee to better understand the scope of services offered by infusion centers and more details about how they operate.

X. Discussion of Application Requirements for Advanced Practice Pharmacist Licensure, Including Possible Action to Make a Recommendation to the Board Regarding Proposed Amendment to California Code of Regulations, Title 16, Section 1730.1

Dr. Oh noted that the meeting materials detailed the relevant sections of pharmacy law related to this agenda item and that Attachment 5 of the materials contained possible changes to regulation text.

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

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter spoke in support of the proposed amendment and suggested additional ways to streamline the pathway to licensure and align it with a standard of care practice model. Another commenter noted that the Board should be cautious to ensure the changes do not inadvertently prevent other pathways such as those available through the Veterans Administration.

Members were provided an opportunity to comment. A member requested clarification on “one year of experience” and it was clarified that the regulation defines that to mean no fewer than 1,500 hours.

Dr. Oh highlighted that an Advanced Pharmacist Practitioner can be a collaborative practice agreement holder and noted that licensing data shows that the number of Advanced Pharmacist Practitioners has increased the last three years.

XI. Presentation on and Discussion Regarding Results of Pharmacist and Pharmacy Technician Workforce Surveys

This item was not discussed due to time constraints.

XII. Discussion of Licensing Statistics

Dr. Oh noted the meeting materials included a summary of the licensing statistics for the first 3 months of the fiscal year and three-year fiscal year comparison data.

Dr. Oh noted processing times for the various facility business types vary, and while a few of the licensing programs are within the Board's performance targets, others exceed the 30-day target. Dr. Oh reminded members the processing time noted in the meeting materials represents the oldest application of each type and the average processing time is lower. Dr. Oh thanked licensing staff for working so diligently to process applications.

Dr. Oh noted that licensing statistics reflect a 2% decrease in the number of individual applications received and a 44% increase in facility applications received, which is primarily driven by changes of ownership for chain community pharmacies. Dr. Oh further noted the number of individual licenses renewed increased by 4% and the number of facility licenses renewed increased by 3%.

Members were provided an opportunity to comment. A member appreciated the data and the ability to view the trends.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A commenter suggested it may be appropriate for the Board to consider expanding those entities that are eligible for a remote dispensing site pharmacy license.

XIII. Advisement of Future Committee Meeting Dates

Dr. Oh announced the next Licensing Committee meeting was currently scheduled for January 8, 2026.

XIV. Adjournment

The meeting adjourned at 2:21 p.m.

Attachment 2

Draft Policy Statement: Pharmacy Intern Hours Earned Outside of Formal Experiential Training

The California State Board of Pharmacy (Board), recognizing the importance of intern experience as an integral part of the preparation for pharmacist licensure, supports and encourages intern pharmacists to gain qualified work experience outside of the structured experiential training earned as part of pharmacy education.

The Board supports pharmacists and pharmacy employers that provide opportunities for intern pharmacists to gain deeper experience and understanding of pharmacy operations and patient care services, while assisting intern pharmacists to further develop clinical knowledge and experience to ensure practice readiness.

Attachment 3

Proposal to Add BPC Section 4212.

(a) The board shall issue, upon application and payment of the fee established by Section 4400, a retired license to an advanced pharmacist practitioner who has been licensed by the board. The board shall not issue a retired license to an advanced pharmacist practitioner whose license has been revoked.

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active advanced pharmacist practitioner license is required. An advanced pharmacist practitioner holding a retired license shall be permitted to use the titles "retired advanced pharmacist practitioner" or "advanced pharmacist practitioner, retired."

(c) The holder of a retired license shall not be required to renew that license.

(d) (1) The holder of a retired license may request to restore their advanced pharmacist practitioner license to active status within three years of issuance of the retired license if the related pharmacist license is on an active status.

(2) A request made pursuant to paragraph (1) shall be accompanied by the renewal fee established in subdivision (ae) of Section 4400 and demonstration that, within the two years preceding the request for restoration, the advanced pharmacist practitioner has successfully completed continuing education consistent with the requirements set forth in Section 4233.

(3) If more than three years have elapsed since the issuance of the retired license, in order for the holder of a retired license issued pursuant to this section to restore their license to active status, they shall reapply for licensure as an advanced pharmacist practitioner consistent with the provisions of Section 4210.

Proposal to Amend BPC Section 4402.

(a) Any pharmacist license that is not renewed within three years following its expiration may not be renewed, restored, or reinstated and shall be canceled by operation of law at the end of the three-year period.

(b) (1) Any pharmacist whose license is canceled pursuant to subdivision (a) may obtain a new license if he or she takes and passes the examination that is required for initial license with the board.

(2) The board may impose conditions on any license issued pursuant to this section, as it deems necessary.

(c) A license that has been revoked by the board under former Section 4411 shall be deemed canceled three years after the board's revocation action, unless the board has acted to reinstate the license in the interim.

(d) This section shall not affect the authority of the board to proceed with any accusation that has been filed prior to the expiration of the three-year period.

(e) Any advanced pharmacist practitioner license shall be canceled by the board if (1) the license is not renewed within 60 days after its expiration, or (2) the underlying pharmacist license is not renewed within 60 days after its expiration or a retired pharmacist license is issued unless a retired license is issued pursuant to section 4212. Any advanced pharmacist practitioner license canceled under this subdivision may not be reissued. Instead, a new application will be required.

~~(e)~~ Any other license issued by the board may be canceled by the board if the license is not renewed within 60 days after its expiration. Any license canceled under this subdivision may not be reissued. Instead, a new application will be required.

4400.

The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) (1) The fee for a pharmacy license shall be seven hundred fifty dollars (\$750) and may be increased to two thousand dollars (\$2,000). The fee for the issuance of a temporary pharmacy permit shall be one thousand six hundred dollars (\$1,600) and may be increased to two thousand seven hundred forty dollars (\$2,740).

(2) The fee for a nonresident pharmacy license shall be two thousand four hundred twenty-seven dollars (\$2,427) and may be increased to three thousand four hundred twenty-four dollars (\$3,424). The fee for the issuance of a temporary nonresident pharmacy permit shall be two thousand dollars (\$2,000) and may be increased to two thousand four hundred sixty-nine dollars (\$2,469).

(b) (1) The fee for a pharmacy license annual renewal shall be one thousand twenty-five dollars (\$1,025) and may be increased to two thousand dollars (\$2,000).

(2) The fee for a nonresident pharmacy license annual renewal shall be one thousand twenty-five dollars (\$1,025) and may be increased to two thousand dollars (\$2,000).

(c) The fee for the pharmacist application and examination shall be two hundred sixty dollars (\$260) and may be increased to two hundred eighty-five dollars (\$285).

(d) The fee for regrading an examination shall be one hundred fifteen dollars (\$115) and may be increased to two hundred dollars (\$200). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license shall be one hundred ninety-five dollars (\$195) and may be increased to two hundred fifteen dollars (\$215). The fee for a pharmacist biennial renewal shall be four hundred fifty dollars (\$450) and may be reduced to three hundred sixty dollars (\$360).

(f) The fee for a wholesaler or third-party logistics provider license and annual renewal shall be one thousand dollars (\$1,000) and may be increased to one thousand four hundred eleven dollars (\$1,411). A temporary license fee shall be seven hundred fifteen dollars (\$715) and may be increased to one thousand nine dollars (\$1,009).

(g) The fee for a hypodermic license shall be five hundred fifty dollars (\$550) and may be increased to seven hundred seventy-five dollars (\$775). The fee for a hypodermic license renewal shall be four hundred dollars (\$400) and may be increased to five hundred sixty-one dollars (\$561).

(h) (1) The fee for application, investigation, and issuance of a license as a designated representative pursuant to Section 4053, as a designated representative-3PL pursuant to Section 4053.1, or as a designated representative-reverse distributor pursuant to Section 4053.2 shall be three hundred forty-five dollars (\$345) and may be increased to four hundred eighty-five dollars (\$485).

(2) The fee for the annual renewal of a license as a designated representative, designated representative-3PL, or designated representative-reverse distributor

shall be three hundred eighty-eight dollars (\$388) and may be increased to five hundred forty-seven dollars (\$547).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be three hundred forty-five dollars (\$345) and may be increased to four hundred eighty-five dollars (\$485).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be three hundred eighty-eight dollars (\$388) and may be increased to five hundred forty-seven dollars (\$547).

(j) (1) The application fee for a nonresident wholesaler or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars (\$1,000) and may be increased to one thousand four hundred eleven dollars (\$1,411).

(2) A temporary license fee shall be seven hundred fifteen dollars (\$715) and may be increased to one thousand nine dollars (\$1,009).

(3) The annual renewal fee for a nonresident wholesaler license or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars (\$1,000) and may be increased to one thousand four hundred eleven dollars (\$1,411).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars (\$40) per course hour.

(l) The fee for an intern pharmacist license shall be one hundred seventy-five dollars (\$175) and may be increased to two hundred forty-five dollars (\$245). The fee for transfer of intern hours or verification of licensure to another state shall be one hundred twenty dollars (\$120) and may be increased to one hundred sixty-eight dollars (\$168).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be seventy-five dollars (\$75) and may be increased to one hundred dollars (\$100).

(o) (1) The fee for processing an application to change information on a premises license record shall be three hundred ninety-five dollars (\$395) and may be increased to five hundred fifty-seven dollars (\$557).

(2) The fee for processing an application to change a name or correct an address on a premises license record shall be two hundred six dollars (\$206) and may be increased to two hundred eighty-two dollars (\$282).

(3) The fee for processing an application to change a pharmacist-in-charge, designated representative-in-charge, or responsible manager on a premises license record shall be two hundred fifty dollars (\$250) and may be increased to three hundred fifty-three dollars (\$353).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a clinic license shall be six hundred twenty dollars (\$620) and may be increased to eight hundred seventy-three dollars (\$873). The annual fee for renewal of the license shall be four hundred dollars (\$400) and may be increased to five hundred sixty-one dollars (\$561).

(r) The fee for the issuance of a pharmacy technician license shall be one hundred twenty dollars (\$120) and may be increased to one hundred sixty-five dollars (\$165). The fee for renewal of a pharmacy technician license shall be one hundred eighty dollars (\$180) and may be reduced to one hundred twenty-five dollars (\$125).

(s) The fee for a veterinary food-animal drug retailer license shall be six hundred ten dollars (\$610) and may be increased to eight hundred twenty-five dollars (\$825). The annual renewal fee for a veterinary food-animal drug retailer license shall be four hundred sixty dollars (\$460) and may be increased to five hundred sixty-one dollars (\$561). The fee for the temporary license shall be five hundred twenty dollars (\$520) and may be increased to seven hundred thirty-two dollars (\$732).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 and Section 4212 shall be fifty dollars (\$50) and may be increased to one hundred dollars (\$100).

(u) The fee for issuance of a sterile compounding pharmacy license or a hospital satellite compounding pharmacy shall be three thousand eight hundred

seventy-five dollars (\$3,875) and may be increased to five thousand four hundred sixty-six dollars (\$5,466). The fee for a temporary license shall be one thousand sixty-five dollars (\$1,065) and may be increased to one thousand five hundred three dollars (\$1,503). The annual renewal fee of the license shall be four thousand eighty-five dollars (\$4,085) and may be increased to five thousand seven hundred sixty-two dollars (\$5,762).

(v) The fee for the issuance of a nonresident sterile compounding pharmacy license shall be eight thousand five hundred dollars (\$8,500) and may be increased to sixteen thousand five hundred two dollars (\$16,502). The annual renewal of the license shall be eight thousand five hundred dollars (\$8,500) and may be increased to seventeen thousand forty dollars (\$17,040). In addition to paying that application fee, the nonresident sterile compounding pharmacy shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4127.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary license shall be one thousand five hundred dollars (\$1,500) and may be increased to two thousand dollars (\$2,000).

(w) The fee for the issuance of an outsourcing facility license shall be twenty-five thousand dollars (\$25,000) and may be increased to thirty-five thousand two hundred fifty-six dollars (\$35,256). The fee for the renewal of an outsourcing facility license shall be twenty-five thousand dollars (\$25,000) and may be increased to forty-one thousand three hundred sixty-six dollars (\$41,366). The fee for a temporary outsourcing facility license shall be four thousand dollars (\$4,000) and may be increased to five thousand six hundred forty-two dollars (\$5,642).

(x) The fee for the issuance of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars (\$28,500) and may be increased to forty-two thousand three hundred eighteen dollars (\$42,318). The fee for the renewal of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars (\$28,500) and may be increased to forty-six thousand three hundred fifty-three dollars (\$46,353). In addition to paying that

application fee, the nonresident outsourcing facility shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4129.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary nonresident outsourcing license shall be four thousand dollars (\$4,000) and may be increased to five thousand six hundred forty-two dollars (\$5,642).

(y) The fee for the issuance of a centralized hospital packaging license shall be three thousand eight hundred fifteen dollars (\$3,815) and may be increased to five thousand three hundred eighteen dollars (\$5,318). The annual renewal of the license shall be two thousand nine hundred twelve dollars (\$2,912) and may be increased to four thousand one hundred seven dollars (\$4,107).

(z) (1) The fee for the issuance of a license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be six hundred twenty dollars (\$620) and may be increased to eight hundred seventy-three dollars (\$873). The annual renewal fee for that correctional clinic license shall be four hundred dollars (\$400) and may be increased to five hundred sixty-one dollars (\$561).

(2) The fee for the issuance of an ADDS license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be five hundred dollars (\$500) and may be increased to seven hundred five dollars (\$705). The annual renewal fee for the correctional clinic ADDS shall be four hundred dollars (\$400) and may be increased to five hundred sixty-one dollars (\$561).

(aa) The fee for an ADDS license shall be five hundred twenty-five dollars (\$525) and may be increased to seven hundred forty-one dollars (\$741). The fee for the annual renewal of the license shall be four hundred fifty-three dollars (\$453) and may be increased to six hundred thirty-nine dollars (\$639).

(ab) The application and initial license fee for a remote dispensing site pharmacy application shall be one thousand seven hundred thirty dollars (\$1,730) and may be increased to two thousand four hundred forty dollars (\$2,440). The fee for the annual renewal shall be one thousand twenty-five

dollars (\$1,025) and may be increased to two thousand dollars (\$2,000). The fee for a temporary license shall be eight hundred ninety dollars (\$890) and may be increased to one thousand one hundred ninety-nine dollars (\$1,199).

(ac) The application and initial license fee to operate EMSADDS shall be one hundred fifty dollars (\$150) and may be increased to three hundred eighty dollars (\$380) per machine. The fee for the annual renewal shall be two hundred dollars (\$200) and may be increased to two hundred seventy-three dollars (\$273). The license fee may not be transferred to a different location if the EMSADDS is moved. The application and renewal fee for a licensed wholesaler that is also an emergency medical services provider agency shall be eight hundred ten dollars (\$810) and may be increased to one thousand one hundred forty-three dollars (\$1,143).

(ad) The fee for application and issuance of an initial license as a designated paramedic shall be three hundred fifty dollars (\$350) and may be increased to four hundred ninety-four dollars (\$494). The fee of biennial renewal shall be two hundred dollars (\$200) and may be increased to two hundred ninety-two dollars (\$292).

(ae) The fee for an application for an advanced practice pharmacist license and renewal of advanced practice pharmacist license shall be three hundred dollars (\$300) and may be increased to four hundred eighteen dollars (\$418).

(af) This section shall become operative on January 1, 2025.

Attachment 4

CALIFORNIA STATE BOARD OF PHARMACY
 QUARTERLY LICENSING STATISTICS FISCAL YEAR 2025/2026

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	109	65	0	0	174
Designated Representatives Vet (EXV)	2	0	0	0	2
Designated Representatives-3PL (DRL)	44	25	0	0	69
Designated Representatives-Reverse Distributor (DRR)	1	0	0	0	1
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	988	98	0	0	1,086
Pharmacist Exam Applications	267	162	0	0	429
Pharmacist Retake Exam Applications	401	289	0	0	690
Pharmacist Initial License Application (RPH)	631	230	0	0	861
Advanced Pharmacist Practitioner (APH)	73	25	0	0	98
Pharmacy Technician (TCH)	1,601	902	0	0	2,503
Total	4,117	1,796	0	0	5,913

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	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-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	2	0	0	0	2
Total	2	0	0	0	2

Site Applications	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	55	23	0	0	78
Automated Drug Delivery System (ADD(APD))	69	32	0	0	101
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)	10	57	0	0	67
Clinics Government Owned (CLE)	5	2	0	0	7
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	6	0	0	6
Hospitals Government Owned (HPE)	1	1	0	0	2
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)	2	0	0	0	2
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	4	0	0	5
Pharmacy (PHY)	68	63	0	0	131
Pharmacy (PHY) Chain	5	4	0	0	9
Pharmacy Government Owned (PHE)	4	1	0	0	5
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	36	16	0	0	52
Sterile Compounding (LSC)	7	19	0	0	26
Sterile Compounding Government Owned (LSE)	1	1	0	0	2
Sterile Compounding Nonresident (NSC)	1	1	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	2	2	0	0	4
Third-Party Logistics Providers Nonresident (NPL)	14	12	0	0	26
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	11	9	0	0	20
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	34	25	0	0	59
Total	326	278	0	0	604
*Number of applications received includes the number of temporary applications received.					
Applications Received with Temporary License Requests	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	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)	0	0	0	0	0
Hospital Government Owned - Temp (HPE)	0	1	0	0	1
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)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	2	0	0	2
Pharmacy - Temp (PHY)	57	49	0	0	106
Pharmacy Government Owned - Temp (PHE)	1	0	0	0	1
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	19	12	0	0	31
Sterile Compounding - Temp (LSC)	4	13	0	0	17
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	2	1	0	0	3
Third-Party Logistics Providers - Temp (TPL)	0	1	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	8	5	0	0	13
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	0	1	0	0	1
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	14	10	0	0	24
Total	105	96	0	0	201

LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	86	44	0	0	130
Designated Representatives Vet (EXV)	1	1	0	0	2
Designated Representatives-3PL (DRL)	35	10	0	0	45
Designated Representatives-Reverse Distributor (DRR)	2	0	0	0	2
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	771	293	0	0	1,064
Pharmacist (RPH)	618	229	0	0	847
Advanced Pharmacist Practitioner (APH)	28	47	0	0	75
Pharmacy Technician (TCH)	1,324	1,148	0	0	2,472
Total	2,865	1,772	0	0	4,637

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	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-Pharmacist (TRP)	1	0	0	0	1
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	2	0	0	0	2
Total	3	0	0	0	3

Site Licenses Issued	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	33	34	0	0	67
Automated Drug Delivery System (ADD(APD))	11	33	0	0	44
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)	8	22	0	0	30
Clinics Government Owned (CLE)	14	21	0	0	35
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)	1	0	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	1	0	0	1
Pharmacy (PHY)	25	14	0	0	39
Pharmacy Government Owned (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	4	0	0	7
Sterile Compounding (LSC)	6	4	0	0	10
Sterile Compounding Government Owned (LSE)	2	1	0	0	3
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)	6	1	0	0	7
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	4	1	0	0	5
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	5	5	0	0	10
Total	121	141	0	0	262

Site Temporary Licenses Issued	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	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	1	0	0	5
Hospital Government Owned - Temp (HPE)	1	0	0	0	1
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)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	553	24	0	0	577
Pharmacy Government Owned - Temp (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	30	9	0	0	39
Sterile Compounding - Temp (LSC)	8	4	0	0	12
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	3	0	0	0	3
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	3	0	0	4
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	3	0	0	0	3
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	6	4	0	0	10
Total	610	46	0	0	656

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

Individual Applications Pending	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	182	189	0	0
Designated Representatives Vet (EXV)	3	1	0	0
Designated Representatives-3PL (DRL)	65	79	0	0
Designated Representatives-Reverse Distributor (DRR)	2	2	0	0
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	261	64	0	0
Pharmacist (exam not eligible)	920	889	0	0
Pharmacist (exam eligible)	1,195	1,124	0	0
Advanced Pharmacist Practitioner (APH)	121	59	0	0
Pharmacy Technician (TCH)	2,390	2,133	0	0
Total	5,139	4,540	0	0

Temporary Individual Applications Pending (Military Spouses/Partners)	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun
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-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	2	2	0	0
Total	2	2	0	0

Site Applications Pending	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	42	29	0	0
Automated Drug Delivery System (ADD(APD))	71	70	0	0
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	0	0
Centralized Hospital Packaging (CHP)	1	1	0	0
Clinics (CLN)	174	205	0	0
Clinics Government Owned (CLE)	24	5	0	0
Drug Room (DRM)	1	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	3	8	0	0
Hospitals Government Owned (HPE)	1	2	0	0
Hospital Satellite Sterile Compounding (SCP)	1	1	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	0	0
Hypodermic Needle and Syringes (HYP)	31	31	0	0
Correctional Pharmacy (LCF)	2	2	0	0
Outsourcing Facility (OSF)	2	2	0	0
Outsourcing Facility Nonresident (NSF)	8	11	0	0
Pharmacy (PHY)	187	189	0	0
Pharmacy Government Owned (PHE)	5	6	0	0
Remote Dispensing Pharmacy (PHR)	1	0	0	0
Pharmacy Nonresident (NRP)	197	149	0	0
Sterile Compounding (LSC)	30	41	0	0
Sterile Compounding - Government Owned (LSE)	6	5	0	0
Sterile Compounding Nonresident (NSC)	17	18	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	9	11	0	0
Third-Party Logistics Providers Nonresident (NPL)	47	54	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0
Wholesalers (WLS)	46	52	0	0
Wholesalers Government Owned (WLE)	0	0	0	0
Wholesalers Nonresident (OSD)	129	145	0	0
Total	1,038	1,040	0	0

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	6	7	0	0
Hospital Government Owned - Temp (HPE)	1	1	0	0
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0
Pharmacy - Temp (PHY)	601	587	0	0
Pharmacy Government Owned - Temp (PHE)	0	0	0	0
Remote Dispensing Pharmacy - Temp (PHR)	1	0	0	0
Pharmacy Nonresident - Temp (NRP)	50	46	0	0
Sterile Compounding - Temp (LSC)	13	14	0	0
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0
Sterile Compounding Nonresident - Temp (NSC)	9	5	0	0
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	4	0	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	3	2	0	0
Wholesaler Government Owned - Temp (WLE)	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	6	0	0
Total	693	674	0	0

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	3	11	0	0	14
Designated Representatives Vet (EXV)	0	1	0	0	1
Designated Representatives-3PL (DRL)	0	1	0	0	1
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	3	0	0	3
Pharmacist (exam applications)	0	2	0	0	2
Advanced Pharmacist Practitioner (APH)	9	41	0	0	50
Pharmacy Technician (TCH)	1	5	0	0	6
Total	13	64	0	0	77

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	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-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	0	0	0	0	0

Site Applications	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	5	0	0	0	5
Automated Drug Delivery System (ADD(APD))	0	1	0	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)	1	4	0	0	5
Clinics Government Owned (CLE)	1	0	0	0	1
Drug Room (DRM)	0	1	0	0	1
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)	3	0	0	0	3
Pharmacy (PHY)	10	26	0	0	36
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	2	52	0	0	54
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	1	0	0	1
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	1	0	0	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	0	0	0	1
Total	24	86	0	0	110

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	5	2	0	0	7
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	0	0	1
Pharmacist (exam application)	0	0	0	0	0
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Pharmacist Practitioner (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	22	6	0	0	28
Total	28	8	0	0	36

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	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-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	0	0	0	0	0

Site Applications	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	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	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	1	0	0	1
Pharmacy (PHY)	0	3	0	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	1	0	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	0	5	0	0	5

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	538	273	0	0	811
Designated Representative Responded	364	229	0	0	593
Advanced Practice Pharmacist Received	305	142	0	0	447
Advanced Practice Pharmacist Responded	195	98	0	0	293
Pharmacist/Intern Received	1,239	627	0	0	1,866
Pharmacist/Intern Responded	1,239	627	0	0	1,866
Pharmacy Technician Received	2,053	1,324	0	0	3,377
Pharmacy Technician Responded	849	376	0	0	1,225
Pharmacy Received	2,546	1,595	0	0	4,141
Pharmacy Responded	2,386	1,559	0	0	3,945
Sterile Compounding/Outsourcing Received	782	559	0	0	1,341
Sterile Compounding/Outsourcing Responded	697	526	0	0	1,223
Wholesale/Hypodermic/3PL Received	924	753	0	0	1,677
Wholesale/Hypodermic/3PL Responded	754	449	0	0	1,203
Clinic Received	371	312	0	0	683
Clinic Responded	288	244	0	0	532
Automated Drug Delivery Systems Received	533	625	0	0	1,158
Automated Drug Delivery Systems Responded	417	338	0	0	755
Pharmacist-in-Charge Received	1,192	719	0	0	1,911
Pharmacist-in-Charge Responded	1,164	573	0	0	1,737
Change of Permit Received	630	505	0	0	1,135
Change of Permit Responded	707	557	0	0	1,264
Renewals Received	1,987	1,112	0	0	3,099
Renewals Responded	1,918	1,054	0	0	2,972

Telephone Calls Received	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	19	14	0	0	33
Advanced Practice Pharmacist	96	44	0	0	140
Pharmacist/Intern	816	332	0	0	1,148
Pharmacy	307	207	0	0	514
Sterile Compounding/Outsourcing	233	26	0	0	259
Wholesale/Hypodermic/3PL	109	118	0	0	227
Clinic	67	46	0	0	113
Automated Drug Delivery Systems	8	12	0	0	20
Pharmacist-in-Charge	125	86	0	0	211
Change of Permit	70	23	0	0	93
Renewals	2,004	894	0	0	2,898
Reception	15,552	8,303	0	0	23,855

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Received	483	272	0	0	755
Processed	337	310	0	0	647
Approved	262	268	0	0	530
Pending (Data reflects number of pending at the end of the quarter.)	319	292	0	0	292
Change of Designated Representative-in-Charge	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Received	41	34	0	0	75
Processed	44	35	0	0	79
Approved	50	32	0	0	82
Pending (Data reflects number of pending at the end of the quarter.)	26	30	0	0	30
Change of Responsible Manager	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Received	9	7	0	0	16
Processed	8	6	0	0	14
Approved	9	7	0	0	16
Pending (Data reflects number of pending at the end of the quarter.)	2	1	0	0	1
Change of Professional Director	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Received	18	3	0	0	21
Processed	18	17	0	0	35
Approved	5	9	0	0	14
Pending (Data reflects number of pending at the end of the quarter.)	20	15	0	0	15
Change of Permits	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Received	603	464	0	0	1,067
Processed	625	461	0	0	1,086
Approved	597	461	0	0	1,058
Pending (Data reflects number of pending at the end of the quarter.)	198	184	0	0	184
Discontinuance of Business	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Received	302	57	0	0	359
Processed	336	51	0	0	387
Approved	362	92	0	0	454
Pending (Data reflects number of pending at the end of the quarter.)	127	104	0	0	104
Intern Pharmacist Extensions	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Received	35	11	0	0	46
Processed	22	24	0	0	46
Completed	9	28	0	0	37
Pending (Data reflects number of pending at the end of the quarter.)	39	22	0	0	22
Requests Approved	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	2,752	1,413	0	0	4,165
Off-site Storage	34	494	0	0	528
Transfer of Intern Hours	8	2	0	0	10
License Verification	67	42	0	0	109

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	26	10	0	0	36
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	1	0	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	10	7	0	0	17
Clinics Government Owned (CLE)	3	1	0	0	4
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)	0	0	0	0	0
Pharmacy (PHY)	27	17	0	0	44
Pharmacy (PHY) Chain	376	10	0	0	386
Pharmacy Government Owned (PHE)	2	1	0	0	3
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	7	4	0	0	11
Sterile Compounding (LSC)	4	2	0	0	6
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
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)	2	1	0	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	1	1	0	0	2
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	5	7	0	0	12
Total	465	62	0	0	527

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	607	364	0	0	971
Designated Representatives Vet (EXV)	16	5	0	0	21
Designated Representatives-3PL (DRL)	147	66	0	0	213
Designated Representatives-Reverse Distributor (DRR)	1	4	0	0	5
Designated Paramedic (DPM)	1	1	0	0	2
Pharmacist (RPH)	6,288	3,837	0	0	10,125
Advanced Pharmacist Practitioner (APH)	165	110	0	0	275
Pharmacy Technician (TCH)	7,643	4,510	0	0	12,153
Total	14,868	8,897	0	0	23,765

Site Licenses Renewed	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	157	685	0	0	842
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	1	0	0	2
Clinics (CLN)	368	194	0	0	562
Clinics Government Owned (CLE)	71	737	0	0	808
Drug Room (DRM)	3	1	0	0	4
Drug Room Government Owned (DRE)	0	7	0	0	7
Hospitals (HSP)	90	96	0	0	186
Hospitals Government Owned (HPE)	36	15	0	0	51
Hospital Satellite Sterile Compounding (SCP)	2	2	0	0	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	52	43	0	0	95
Correctional Pharmacy (LCF)	1	52	0	0	53
Outsourcing Facility (OSF)	2	0	0	0	2
Outsourcing Facility Nonresident (NSF)	2	3	0	0	5
Pharmacy (PHY)	1,291	910	0	0	2,201
Pharmacy Government Owned (PHE)	75	28	0	0	103
Remote Dispensing Pharmacy (PHR)	0	2	0	0	2
Pharmacy Nonresident (NRP)	88	105	0	0	193
Sterile Compounding (LSC)	172	161	0	0	333
Sterile Compounding Government Owned (LSE)	40	2	0	0	42
Sterile Compounding Nonresident (NSC)	8	8	0	0	16
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	11	7	0	0	18
Third-Party Logistics Providers Nonresident (NPL)	51	23	0	0	74
Veterinary Food-Animal Drug Retailer (VET)	3	0	0	0	3
Wholesalers (WLS)	111	41	0	0	152
Wholesalers Government Owned (WLE)	4	4	0	0	8
Wholesalers Nonresident (OSD)	194	99	0	0	293
Total	2,835	3,227	0	0	6,062

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

Individual Licenses	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	3,013	3,014	0	0
Designated Representatives Vet (EXV)	59	58	0	0
Designated Representatives-3PL (DRL)	645	643	0	0
Designated Representatives-Reverse Distributor (DRR)	25	25	0	0
Designated Paramedic (DPM)	3	3	0	0
Intern Pharmacist (INT)	4,451	4,563	0	0
Pharmacist (RPH)	50,252	50,347	0	0
Advanced Pharmacist Practitioner (APH)	1,537	1,583	0	0
Pharmacy Technician (TCH)	66,451	66,690	0	0
Total	126,436	126,926	0	0

Temporary Individual Licenses (Military Spouses/Partners)	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun
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-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Pharmacist Practitioner (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	7	5	0	0
Total	7	5	0	0

Site Licenses	July - Sept	Oct-Nov	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,193	1,205	0	0
Automated Drug Delivery System (ADD(APD))	24	57	0	0
Automated Drug Delivery System EMS (ADE)	1	1	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	3	3	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	2	0	0
Centralized Hospital Packaging (CHP)	8	8	0	0
Clinics (CLN)	1,458	1,466	0	0
Clinics Government Owned (CLE)	929	946	0	0
Drug Room (DRM)	20	20	0	0
Drug Room Government Owned (DRE)	9	9	0	0
Hospitals (HSP)	401	401	0	0
Hospitals Government Owned (HPE)	85	85	0	0
Hospital Satellite Sterile Compounding (SCP)	5	5	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	5	5	0	0
Hypodermic Needle and Syringes (HYP)	218	212	0	0
Correctional Pharmacy (LCF)	54	54	0	0
Outsourcing Facility (OSF)	3	3	0	0
Outsourcing Facility Nonresident (NSF)	21	22	0	0
Pharmacy (PHY)	5,621	5,603	0	0
Pharmacy Government Owned (PHE)	160	157	0	0
Remote Dispensing Pharmacy (PHR)	3	3	0	0
Pharmacy Nonresident (NRP)	597	594	0	0
Sterile Compounding (LSC)	688	689	0	0
Sterile Compounding Government Owned (LSE)	118	120	0	0
Sterile Compounding Nonresident (NSC)	55	54	0	0
Surplus Medication Collection Distribution Intermediary (SME)	1	1	0	0
Third-Party Logistics Providers (TPL)	43	41	0	0
Third-Party Logistics Providers Nonresident (NPL)	176	180	0	0
Veterinary Food-Animal Drug Retailer (VET)	16	16	0	0
Wholesalers (WLS)	448	432	0	0
Wholesalers Government Owned (WLE)	11	11	0	0
Wholesalers Nonresident (OSD)	850	837	0	0
Total	13,226	13,242	0	0
Total Population of Licenses	139,669	140,173	0	0