



## INTERN PHARMACIST APPLICATION INSTRUCTIONS

### HOW LONG WILL IT TAKE TO PROCESS MY APPLICATION?

- Allow the board 30 days to process your application.
- You will be notified in writing if your application is incomplete.
- Please do not contact the board to check on the status of your application unless your application has been on file for over 45 days.
- If your check has cleared your bank, the board has received your application.
- To check if your license was issued, go to [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov). Select "Verify a License" and enter your name. It takes four to six weeks from the date a license is issued to receive it in the mail.

### WHAT MAKES AN APPLICATION COMPLETE

Check the boxes below to be sure your application is complete before mailing it.

- If your application is not complete, you will receive a "Deficiency Letter" in the mail.
- If you do not submit the required item(s) your license will not be issued and may be withdrawn within one year.

- APPLICATION FEE \$115:** When you send your application, include a check or money order for \$115 made payable to the Board of Pharmacy. The application fee is non-refundable.
- APPLICATION FOR REGISTRATION AS AN INTERN PHARMACIST (form 17A-17):** Complete the entire application.

### AVOID COMMON MISTAKES

- **Look at your state issued driver's license or state issued identification card prior to completing the application.** The name on each form listed below must be **EXACTLY THE SAME** as the name on your state driver's license or state issued identification card. If you have a hyphenated name, two last names or two first names, you need to list your name on each of the following documents to match that of your state issued identification:
  - ✓ Application for Registration as an Intern Pharmacist,
  - ✓ Request for Live Scan form or fingerprint cards, and
  - ✓ Self-Query Report.
- Have you ever used a different name? List each prior name on the application under Previous Names.
  - ✓ Did you have a maiden name, married name, former name, AKA?
  - ✓ Have you ever used Jr., Sr., II, etc., with your name?
  - ✓ If you do not list all of your previous names, the board may not locate, match or verify your documents.
  - ✓ Do you have a pharmacy technician license issued in another name? If yes, submit a copy of your state issued identification for the board to update your name.
- Do not leave anything blank; use "N/A" if a question doesn't apply to you.
- Do not let your school fill out Pages 1, 2 and 3 of your application.
- You must sign and date the application. No one else can sign it for you. Signatures must be original and dated within 60 days of filing the application. No electronic signatures will be accepted.

- **U.S. Social Security Number or Individual Taxpayer Identification Number (ITIN):** Disclosure of your U.S. Social Security number or Individual Taxpayer Identification Number (ITIN) is mandatory and must be included on the application and on the Self-Query Report.
- **PHOTO:** Attach a passport-style photo to page 1 of the application (glossy, color photo 2"x2") taken within 60 days of filing the application. **DO NOT provide scanned images, Polaroids, or black-and-white photos.**
- **MILITARY EXPEDITE:** The board will expedite review of an application that meets one of the following criteria (A, B, or C).
  - A. **Serving in the Military:** Are you currently serving in the United States military?
    - ✓ Attach a copy of your military identification.
  - B. **Military Veteran:** Have you ever served in the United States military?
    - ✓ Attach a copy of your DD214 with your application.
  - C. **Active Duty Military-Spouses or Partners:** If your spouse or partner is an active duty member of the U.S. Armed Forces and you hold a current license in another state, please provide the following:
    - ✓ Attach a copy of your current license in another state, district, or territory of the United States documenting the profession or vocation for which you seek license from the board.
    - ✓ Attach a copy of the marriage certificate, or certified declaration/registration of domestic partnership, or other evidence of legal union.
    - ✓ Attach a copy of your spouse or partner's military orders establishing duty station in California.
- **MANDATORY EDUCATION** – To qualify for an intern pharmacist license, you must submit one of the following:
  - A. **Enrolled in a School of Pharmacy** – If you are enrolled in a school of pharmacy recognized by the board, you must submit the Intern Pharmacist Education Affidavit (page 4 of the application 17A-17) with your application. This form must be completed by the Dean of the School of Pharmacy.
  - OR**
  - B. **Graduate of a School of Pharmacy** - If you are a graduate from a school of pharmacy recognized by the board and you are applying to become licensed as a pharmacist in California, you must submit a Pharmacist Examination and Licensure Application and have your school of pharmacy mail your official transcript, which indicates your degree earned and date conferred, directly to the California State Board of Pharmacy.
  - OR**
  - C. **Foreign Graduate of School of Pharmacy** - If you are a graduate of a foreign school of pharmacy, submit a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate issued by the National Association Boards of Pharmacy.
  - OR**
  - D. **Re-enrolled in a School of Pharmacy** – If you have failed the pharmacist licensure examination four times and you have re-enrolled in a school of pharmacy, you must submit the Intern Pharmacist Education Affidavit (page 4 of the application 17A-17) with your application. This form must be completed by the Dean of the School of Pharmacy.
- **VERIFICATION OF LICENSE IN ANOTHER STATE** If you currently hold or held a previous license in another state as a pharmacist, intern pharmacist, pharmacy technician and/or other health care professional, you must request each state agency to verify your license by completing the required Verification of License in Another State (form 17A-16). You need to submit only one form 17A-16 per state.

- **SELF-QUERY REPORT:** Include a sealed, original Self-Query Report from the National Practitioner Data Bank (NPDB). It must be dated within 60 days of filing the application.
  - Self-Query Reports that have been opened will not be accepted.
  - The name on your Self-Query Report must be **EXACTLY THE SAME** as the name on your application.
  - To request a Self-Query Report, go to the NPDB's Web site at <http://www.npdb.hrsa.gov/> or the direct link is <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>
  - NPDB's contact number (800) 767-6732 or TDD (703) 802-9395. Their Web site has a fact sheet and answers to frequently asked questions. The board is not able to assist you with requesting the Self-Query Report. For help, contact the NPDB directly.
  - You must pay the fee directly to NPDB. The fee is \$5.
  - You must submit a new Self-Query Report even if one was submitted with a previous application.
  
- **FINGERPRINTS:**
  - California residents must use Live Scan. Non-residents can visit California to complete a Live Scan or must submit professionally rolled fingerprints on cards supplied by the board.
  - **DO NOT** complete the Live Scan service or fingerprint cards until you are ready to send in your application.
  - You must submit a copy of your Live Scan receipt or two rolled fingerprint cards with your application.
  - Each application requires you to complete a new Live Scan or submit new rolled fingerprint cards.
  - The Live Scan site may charge a processing fee.
  - The board will accept fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

Please complete and attach **ONE** of the following (A or B):

- A. California Resident: Attach a copy of your completed Live Scan receipt.** The receipt shows you completed the Live Scan.
- California residents must use Live Scan only.
  - To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>
  - Live Scan operators can make mistakes. Be proactive; make sure everything the operator keys in to their computer is correct before the operator transmits your prints to the Department of Justice.

Make sure the following information is correct when you complete your Live Scan:

- **Type of License/Certification/Permit or Working Title:** Pharmacy Intern-Section 4114
  - **Full Name:** Must be EXACTLY THE SAME as the name on your state issued driver's license or state issued identification card. (Jr., II, etc., must be included). It must also be EXACTLY THE SAME as the name on your application and your Self-Query Report.
  - **Date of Birth:** Must be correct.
  - **Social Security Number:** Must be included and be correct, unless you have an ITIN. If you have an ITIN, enter this number in the SSN field.
  - **Level of Service:** Must include both DOJ and FBI.
- B. Non-California Resident:** You may visit California and complete Live Scan, if you cannot then you must submit two rolled fingerprint cards with your application.
- You must use fingerprint cards from the Board of Pharmacy.
  - Request fingerprint cards through the board's online services at [https://www.dca.ca.gov/webapps/pharmacy/pubs\\_request.php](https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php) or email [rxforms@dca.ca.gov](mailto:rxforms@dca.ca.gov).

- Fee: Include fingerprint card processing fee of \$49 (\$32 DOJ and \$17 FBI), made payable to the Board of Pharmacy.
- You can send one check or money order for both the application processing fee and fingerprint processing fee.
- Print legibly or type your personal information on the fingerprint cards. If your personal information is not legible and DOJ enters your information incorrectly, you will be responsible to submit new fingerprint cards and pay the \$49 fingerprint processing fee again.
- Fingerprints must be taken by a person professionally trained to roll prints.
- Fingerprint clearances from cards take about six weeks longer than Live Scan.
- Poor quality prints will be rejected and will cause delay because new fingerprint cards will be required.



**California State Board of Pharmacy**  
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834  
 Phone (916) 574-7900  
 Fax (916) 574-8618  
 www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

## INTERN PHARMACIST APPLICATION

All information requested in this application are mandatory. Failure to provide any information will result in the application being considered incomplete. The information will be used to determine if you qualify for licensure pursuant to California Business and Professions Code sections 4208 and 4209. Title 16 California Code of Regulations section 1706.2(e) indicates an applicant for an intern pharmacist license who fails to complete all the application requirements within one year after being notified by the board of deficiencies, may be deemed to have abandoned the application and may be required to file a new application and meet all the requirements which are in effect at the time of reapplication.

Read the application instructions before you complete the application. All questions on this application must be answered by the applicant and you must sign the application. If not applicable, indicate N/A. Attach additional sheets of paper, if necessary.

**Military Expedite**

- MILITARY** (Are you serving in the United States military?)  
 **VETERAN** (Have you ever served in the United States military?)  
 **ACTIVE DUTY MILITARY-Spouse or Partner**

**Applicant Information - Please Type or Print**

Full Legal Name: Last Name:		First Name:	Middle Name:
Previous Names (AKA, Maiden Name, Alias, etc):			
Official Mailing/Public Address of Record (Street Address, PO Box #, etc):			
City:	State:	Zip Code:	
Residence Address (if different from above):			
City:	State:	Zip Code:	
Home#: (    )	Cell#: (    )	Work#: (    )	
Driver's License #:	State:	Email Address:	
Date of Birth (Month/Day/Year):		US Social Security # or ITIN:	

**If you are a graduate from a foreign school of pharmacy, provide:**

Name of University, College, or School of Pharmacy	Country	Date of Graduation	Type of Degree

**If you are enrolled in a United States school of pharmacy provide:**

Name of University, College, or School of Pharmacy	State	Date of Graduation	Type of Degree

TAPE A COLOR PASSPORT  
 STYLE PHOTOGRAPH  
 (2"X2") TAKEN WITHIN  
 60 DAYS OF THE FILING OF  
 THIS APPLICATION  
**NO POLAROID  
 OR  
 SCANNED IMAGES**  
 PHOTO MUST BE ON  
 PHOTO QUALITY PAPER

**License Information:** List all state(s) where you are or have been previously licensed as a pharmacist, intern pharmacist, pharmacy technician, designated representative and/ or other healthcare professional license, including California. All licenses held outside California must be verified on the Verification of Licensure in Another State (form 17A-16).

State	License Number	Active or Inactive	Issued Date	Expiration Date

**Self-Query Report by the National Practitioner Data Bank (NPDB)**

Attached is the original sealed envelope containing my Self-Query Report from the NPDB. (This must be submitted with your application.)

**FOR BOARD USE ONLY**

App Fee: <input type="checkbox"/>	Qualify Code: _____	License #: _____	Receipt #: _____
Enf. Check: <input type="checkbox"/>	SQ <input type="checkbox"/>	Date issued: _____	Date Cashiered: _____
Photo: <input type="checkbox"/>	FP Cards Fees/Live Scan: <input type="checkbox"/>	Date expires: _____	Amount: _____
School Code: _____	DOJ Date: _____		
FPGEC: <input type="checkbox"/>	FBI Date: _____		
Affidavit: <input type="checkbox"/>			

**ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets of paper if necessary)**

<p>1. Have you applied to take the pharmacist licensure examination in California or another state?  <b>If yes,</b> list the date of application and the state you have applied. _____</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>2. Have you previously applied in California for licensure as an intern pharmacist with the board?  <b>If "yes," provide the date and intern pharmacist license number.</b> _____</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>3. Have you taken the California Practice Standards and Jurisprudence Examination (CPJE) before?  <b>If "yes," provide the exam date.</b> _____</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>4. Have you ever taken the NAPLEX?  <b>If "yes," provide the NAPLEX exam date and list the primary state.</b> _____</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>5. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state? <b>If "yes," provide the date and state.</b> _____</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>6. Do you have a mental illness or physical illness that in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health or safety risks?  <b>If "yes," attach a statement of explanation. If "no," proceed to #7.</b>                  Are the limitations caused by your mental illness or physical illness reduced or improved because you receive ongoing treatment or participate in a monitoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If "yes," attach a statement of explanation.</b>                  If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing mental illness or physical illness to determine whether an unrestricted license should be issued, whether conditions should be imposed, or to determine if you are not eligible for licensure.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>7. Do you currently engage, or have you previously engaged in the illegal use of controlled substances?  <b>If "yes,"</b> are you currently participating in a supervised substance abuse program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If "yes,"</b> have you participated in a substance abuse program in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Attach a statement of explanation.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>8. Have you ever had an application for intern pharmacist, pharmacist, pharmacy technician and/or designated representative license denied in this state or any other state? <b>If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of application involved.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>9. Have you ever had an intern pharmacist, pharmacist, pharmacy technician, designated representative, and/or any other professional or vocational license or registration suspended, revoked, placed on probation or had other disciplinary action taken by this or any other government authority in California or any other state? <b>If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or license involved.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>10. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator or medical director on a license to conduct a pharmacy, wholesaler, third-party logistics provider or any other entity licensed in the state or any other state? <b>If yes, provide company name, type of license, license number and state where licensed.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>11. Have you ever had a pharmacy, wholesaler, and/ or third-party logistics provider application and/or a professional license denied, suspended, revoked, placed on probation or had other disciplinary action taken by this or any other government authority in California or any other state?  <b>If "yes," provide the name of company, type of license, type of action, year of action and state.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
<p>12. Have you ever been convicted of, or pleaded guilty or nolo contendere/no contest to, any crime, in any state, the United States or its territories, a military court, or any foreign country? Include any felony or misdemeanor offense, and any infraction involving drugs or alcohol with a fine of \$500 or more. You must disclose a conviction even if it was: (1) later dismissed or expunged pursuant to Penal Code section 1203.4 et seq., or an equivalent release from penalties and disabilities provision from a non-California jurisdiction, or (2) later dismissed or expunged pursuant to Penal Code section 1210 et seq., or an equivalent post-conviction drug treatment diversion dismissal provision from a non-California jurisdiction. Failure to answer truthfully and completely may result in the denial of your application.</p> <p>NOTE: You may answer "NO" regarding, and need not disclose, any of the following: (1) criminal matters adjudicated in juvenile court; (2) criminal charges dismissed or expunged pursuant to Penal Code section 1000.4 or an equivalent deferred entry of judgment provision from a non-California jurisdiction; (3) convictions more than two years old on the date you submit your application for violations of California Health and Safety Code section 11357, subdivisions (b), (c), (d), or (e), or California Health and Safety Code section 11360, subdivision (b); and (4) infractions or traffic violations with a fine of less than \$500 that do not involve drugs or alcohol.</p> <p>You may wish to provide the following information in order to assist in the processing of your application: descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident.) If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required.</p> <p><b>Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary.</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:15%;">Arrest Date</th> <th style="width:15%;">Conviction Date</th> <th style="width:20%;">Violation(s)</th> <th style="width:10%;">Case #</th> <th style="width:40%;">Court of Jurisdiction (Full Name and Address)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Arrest Date	Conviction Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)											Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrest Date	Conviction Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)												

# APPLICANT AFFIDAVIT

You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

**Mandatory Submission.** Submission of the requested information is mandatory. The California State Board of Pharmacy cannot consider your application for licensure or renewal unless you provide all of the requested information. You must answer all information on this application. Failure to provide any of the requested information may result in the application being rejected as incomplete.

**Collection and Use of Personal Information.** The California State Board of Pharmacy of the Department of Consumer Affairs collects the personal information requested on this form pursuant to Business and Professions Code sections 4200, 4208 and 4209 and Title 16 California Code of Regulations sections 1725 and 1728. The California State Board of Pharmacy uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

**Access to Personal Information.** You have the right to review the records maintained by the California State Board of Pharmacy that contain your personal information, as permitted by the Information Practices Act, unless confidential and exempt by Civil Code Section 1798.40. The official responsible for maintaining records is the Executive Officer at the board's address listed on the application.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Once you are licensed with the board, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code Section 6250 et seq.) and will be placed on the Internet. This is where the board will mail all correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the board, in which case your residence will not be available to the public.

**Disclosure of your U.S. Social Security number or Individual Taxpayer Identification Number (ITIN) is mandatory.** Section 30 of the Business and Professions Code, Section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number or individual taxpayer identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number or individual taxpayer identification number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if your state tax obligation is not paid.

## MANDATORY REPORTER

Under California law, each person licensed by the Board of Pharmacy is a "mandated reporter" for both child and elder abuse or neglect purposes.

California Penal Code Section 11166 and Welfare and Institutions Code Section 15630 require that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 and Welfare and Institutions Code Section 15630(b)(1) [generally law enforcement, state, and/or county adult protective services agencies, etc.] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect. The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency(ies) or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine. For further details about these requirements, consult Penal Code Section 11164 and Welfare and Institutions Code Section 15630, and subsequent sections.

## APPLICANT AFFIDAVIT

(must be signed and dated by the applicant)

I, \_\_\_\_\_, hereby attest to the fact that I am the applicant whose signature  
(Print Full Legal Name)

appears below. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

\_\_\_\_\_  
Original Signature of Applicant (signed and dated within 60 days of filing the application)

\_\_\_\_\_  
Date



**California State Board of Pharmacy**  
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## INTERN PHARMACIST EDUCATION AFFIDAVIT

**Instructions:** This form must be completed by the Dean of the school of pharmacy.

This is to certify that \_\_\_\_\_  
Print Name of Applicant

who is applying to the California State Board of Pharmacy for an intern pharmacist license is:

- Enrolled as a student in this institution and is seeking a degree in pharmacy.
- Re-enrolled to take additional coursework prior to re-examination by the board.

Year enrolled in school \_\_\_\_\_ Expected date of graduation \_\_\_\_\_  
(YYYY) MM/YYYY

I hereby certify as the Dean of the school of pharmacy listed below or as a person with authority and personal knowledge, and certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affix School Seal Here**

College, University  
or School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Printed Name of  
Dean or Person of  
Authority and  
Personal  
Knowledge of  
these Facts: \_\_\_\_\_

Title: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Email: \_\_\_\_\_





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**VERIFICATION OF LICENSE IN ANOTHER STATE**

This form must be completed by the licensing agency in each state you hold or held a pharmacist, intern pharmacist license, pharmacy technician, designated representative license and or another healthcare professional license even if the license is no longer current or active. Please return the state-verified form with your application for each license type. Photocopies or faxes will not be accepted.

Intern hours and licensure earned in another state may be certified by the licensing agency in each state you earned your intern hours or license on this form.

**A. TO BE COMPLETED BY APPLICANT (Please print or type)**

Name of Applicant:			Telephone Number:	
Residence Address:	Number and Street	City	State	Zip Code
Type of License:	License Number:	Date Issued:	Expiration Date:	

The person listed above has applied for a pharmacist license in California. Before further consideration is given to this application, the California State Board of Pharmacy would appreciate your assistance in completing the information requested below. Upon completion of this form, please return it to the applicant for submission with the application.

**B. TO BE COMPLETED BY THE STATE LICENSING BOARD OR AGENCY VERIFYING LICENSURE**

Licensee's Full Name:			Licensure Verification Provided by the State of:	
Type of License Issued:	License Number:	Date License Issued :	Expiration Date:	Intern Hours Earned in this State under this Intern License:
License Status (please check one box): Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain: _____				
Has this agency taken any disciplinary action against this license?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If disciplinary action has been taken against this licensee, please directly provide this office with the accusation/proposed charges and decision/final order regarding the action.				

I hereby certify the information listed in Section "B" above is true and correct.

*Board Seal*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR COMPLETING A "REQUEST FOR LIVE SCAN SERVICE" FORM

### **California Residents**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly.

**NOTE TO LICENSEE and LIVE SCAN OPERATOR:** The name, date of birth and US Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) must be entered in at the time of the Live Scan transmission in order for the results to be accepted by the Board of Pharmacy. If the name, date of birth or SSN or ITIN is not entered at the time of Live Scan transmission, the licensee may have to have a new Live Scan transmission completed.

**Type of License/Certification or Permit or Working Title:** The Live Scan operator must enter in your type of license. Please have the Live Scan operator enter in in the Type of License listed on the Live Scan Form.

### **Applicant Information:**

- **Name:** Enter your last name, first name and middle name. Do not use initials or name abbreviations. Your legal name must be on file with the board. If your name has changed you are required to notify the board within 30 days of the change.
- **Other Name (AKA):** Enter all other names you have used, including your maiden name.
- **Date of Birth:** (month/day/year).
- **SEX:** Mark the appropriate gender box (male or female)
- **Driver's License Number:** California Driver's License Number.
- **Height:** Your height in feet and inches.
- **Weight:** Your weight in pounds.
- **Eye Color:** Color of your eyes
- **Hair Color:** Color of your hair
- **Place of Birth:** Enter your place of birth
- **Social Security Number:** Must be included and be correct, unless you have an ITIN. If you have an ITIN, enter this number in the SSN field.
- **Misc. Number:** Other identification number
- **Home Address:** Your residence address

**Level of Service:** This has already been preselected for you. You are required to have both DOJ and FBI level of service complete. Please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service in their computer system. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07, if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.

**Employer:** This information is not required.

**Take the completed form** to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <https://oag.ca.gov/fingerprints/locations> or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$19, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

### **FINGERPRINTING AUTHORITY**

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information: **Live Scan Operator – The Board of Pharmacy requires you to enter the applicant's SSN.**

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number - **MANDATORY**

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed