



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



Renewal Application of a Clinic License

Complete the renewal application form and submit a check or money order made payable to the California State Board of Pharmacy (board). Failure to complete the renewal application in its entirety may result in the license not being considered for renewal. The information will be used to determine qualifications for licensure under the California Pharmacy Law. Failure to renew the license within 60 days after its expiration date, the license will be cancelled. (Business and Professions Code section 4402(e)) Once the license is cancelled, a new application must be submitted including all documents and meet all requirements in effect at the time of reapplication. It is a violation of pharmacy law to operate this premise without an active, valid license.

- **Renewal Fees:** \$369 (\$360 renewal fee plus \$9 CURES fee) if submitting before the expiration date, or
- **Renewal plus Delinquency Fees:** \$519 (\$360 renewal fee, \$9 CURES fee, plus \$150.00 delinquency fee) if the license has expired.

CURES Requirement: A clinic license is assessed \$9 at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). (Business and Professions Code section 208)

Mail the renewal form and payment to:

California State Board of Pharmacy, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Email Requirement: Any facility licensed by the board is required to join the board's email notification list within 60 days of the issuance of a license or at the time of license renewal. A facility must also update the email address with the board's list 30 days of a change (Business and Professions Code section 4013). You must join the board's email notification list from the board's website at www.pharmacy.ca.gov.

A change of ownership and/or change of physical location of a Clinic license requires a new application and must be submitted PRIOR to the change occurring. Whenever a change of ownership occurs operation must stop until the entity is appropriately licensed by the board. New license numbers are issued for changes of ownership and for changes of location. The clinic application is available on the board's website at www.pharmacy.ca.gov.

Submit a Change of Permit application (17A-52), to notify the board of a change in officers, professional director, shareholders or when there has been a transfer of beneficial interest of 10%-49%.

NOTICE: The State Board of Equalization and the Franchise Tax Board may share individual 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 the state tax obligation is not paid.



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



Renewal Application of a Clinic License

Name of Clinic		License Number	Expiration Date
Address		City	State Zip Code
Telephone Number		Email Address	

List the name of the Professional Director if the clinic is licensed under section 4180 of the Business and Professions Code as defined in Chapter 9, Division 2, Article 13 or under section 4190 of the Business and Professions Code as defined in Chapter 9, Division 2, Article 14.

Print Name of Professional Director

The renewal application must be signed by a person who has the authority to bind the license and is listed on the license record (owner, if an individual ownership; a partner, if a partnership; corporate officer, if a corporation, or the chief executive officer of the correctional clinic).

I hereby certify and affirm under penalty of perjury, under the laws of the State of California, that this Clinic license is in compliance with its respective clinic requirements of Chapter 9, Division 2, Articles 13, 13.5, or 14 and all statements, answers, and representations in this application are true and correct.

Signature	Print Name	Date
-----------	------------	------

Failure to complete the renewal application in its entirety may result in the license not being considered for renewal. The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. An individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.