



California State Board of Pharmacy

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

To: Board Members

Subject: Agenda Item VI – Discussion and Consideration of Proposed Regulations to Amend Title 16, California Code of Regulations, Section 1793.5, Related to the Pharmacy Technician Application; Section 1793.6, Related to the Pharmacy Technician Training Requirements; and Section 1793.65, Related to the Pharmacy Technician Certification Programs

Attachment 1

Relevant Sections:

Title 16, California Code of Regulations (CCR) section 1793.5 specifies the requirements for the pharmacy technician application and incorporates by reference the Pharmacy Technician Application (Form 17A-5, Rev. 10/15).

CCR section 1793.6 specifies the requirements for pharmacy technician training courses.

Business and Professions Code (BPC) section 4202 authorizes the board to license pharmacy technicians and establishes the requirements for licensure as a pharmacy technician. A copy of BPC 4202 may be found in **Attachment 1**.

Summary of Regulation:

This regulation updates the board’s pharmacy technician application that is incorporated by reference in CCR section 1793.5. The regulation also updates the requirements for pharmacy technician training courses specified by the board. In addition, this regulation proposes to add CCR section 1793.65 to specify pharmacy technician certification programs approved by the board.

Regulation Timeline:

Feb. – Dec. 2016	Board approved to amend/add sections CCR 1793.5, 1793.6 & 1793.65
Jan. 23, 2017	Board staff prepared rulemaking file for DCA pre-review
Mar. 28, 2017	DCA pre-review comments received
Aug. 21, 2017	Board staff re-submitted rulemaking file for DCA pre-review
Feb. 24, 2018	DCA pre-review comments received

Recent Update:

The Pharmacy Technician Application (Form 17A-5 (Rev. 10/15)) has been amended to clarify instructions and to allow for changes as a result of the enactment of SB 952 (Stone, Chapter 150, Statutes of 2016). The form also has been amended to update administrative and criminal conviction questions as well as the applicant affidavit statements to be consistent with other

approved applications. Additionally, during DCA pre-review, clarifying changes to the language were made to the text of CCR sections 1793.5, 1793.6 and 1793.65.

At this Meeting:

The board will have the opportunity to review and discuss the proposed changes to the regulation language. **Attachment 1** includes a copy of the revised proposed language for CCR sections 1793.5, 1793.6 and 1793.65 as well as the revised proposed Pharmacy Technician Application (Form 17A-5, Rev. 3/2018). For ease of reading, changes made to the previously board-approved language are shown by ~~double strikethrough~~ for deleted language and double underline for added language.

Staff Recommendation:

Should the board agree with the proposed changes, the following motion could be used to initiate the rulemaking process.

Motion:

Approve the proposed modifications to amend Title 16 CCR Section 1793.5 and 1793.6 and add Section 1793.65 and initiate the formal rulemaking process. Further, delegate to the executive officer the authority to make any nonsubstantive changes and clarifying changes consistent with the board's policy direction upon recommendations of the control agencies.

Attachment 1

BPC 4202. Pharmacy Technician: License Requirements for Education, Experience; Board Regulations; Criminal Background Check; Discipline

(a) The board may issue a pharmacy technician license to an individual if he or she is a high school graduate or possesses a general educational development certificate equivalent, and meets any one of the following requirements:

- (1) Has obtained an associate's degree in pharmacy technology.
- (2) Has completed a course of training specified by the board.
- (3) Has graduated from a school of pharmacy recognized by the board.
- (4) Is certified by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the board.

(b) The board shall adopt regulations pursuant to this section for the licensure of pharmacy technicians and for the specification of training courses as set out in paragraph (2) of subdivision (a). Proof of the qualifications of any applicant for licensure as a pharmacy technician shall be made to the satisfaction of the board and shall be substantiated by any evidence required by the board.

(c) The board shall conduct a criminal background check of the applicant to determine if an applicant has committed acts that would constitute grounds for denial of licensure, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.

(d) The board may suspend or revoke a license issued pursuant to this section on any ground specified in Section 4301.

(e) Once an individual is licensed as a pharmacist, the pharmacy technician registration is no longer valid and the pharmacy technician license shall be returned to the board within 15 days.

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

Proposal to amend §1793.5 of Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1793.5. Pharmacy Technician Application.

The "Pharmacy Technician Application" (Form 17A-5 (Rev. ~~10/15~~ 10/2016 3/2018)), incorporated by reference herein, required by this section is available from the Board of Pharmacy upon request.

(a) Each application for a pharmacy technician license shall include:

(1) Information sufficient to identify the applicant.

(2) A description of the applicant's qualifications and supporting documentation for those qualifications.

(3) A criminal background check that will require submission of fingerprints in a manner specified by the board and the fee authorized in Penal Code section 11105(e).

(4) A sealed, original Self-Query from the National Practitioner Data Bank (NPDB) dated no earlier than 60 days of the date an application is submitted to the board.

(b) The applicant shall sign the application under penalty of perjury and shall submit it to the Board of Pharmacy.

(c) The board shall notify the applicant within 30 days if an application is deficient; and what is needed to correct the deficiency. Once the application is complete, and upon completion of any investigation conducted pursuant to section 4207 of the Business and Professions Code, the board will notify the applicant within 60 days of a license decision.

(d) Before expiration of a pharmacy technician license, a pharmacy technician must renew that license by payment of the fee specified in subdivision (r) of section 4400 of the Business and Professions Code.

Note: Authority cited: Sections ~~144, 163.5, 4005, 4007, 4038, 4115, and 4202, 4207 and 4400~~, Business and Professions Code. Reference: Sections 144, 144.5, 163.5, 4005, 4007, 4038, 4115, 4202, 4207, 4400 and 4402 and 4400, Business and Professions Code; and Section 11105, Penal Code.

Proposal to amend §1793.6 of Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1793.6. Training Courses Specified by the Board.

A course of training that meets the requirements of Business and Professions Code section 4202

(a)(2) is:

(a) Any pharmacy technician training program accredited by the American Society of Health--System Pharmacists,

(b) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or

(c) (1) Any other course that provides a training period of at least 240 hours of instruction covering at least the following:

(± A) Knowledge and understanding of different pharmacy practice settings.

(2 B) Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.

(3 C) Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and record keeping of medications.

(4 D) Knowledge of and the ability to carry out calculations required for common dosage determination, employing both the metric and apothecary systems.

(5 E) Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.

(6 F) Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.

(7 G) Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.

(2) In addition to the content of coursework specified in subdivision (c)(1), the course of training must also satisfy all of the following:

(A) Prior to admission to the course of training, an administrator or instructor must conduct a criminal background check and counsel applicants to the program about the negative impact to securing licensure if the background check reveals criminal history.

(B) Administer at least one drug screening to each student to evaluate use of illicit drugs or use of drugs without a prescription. The results of any screen shall be considered as part of the evaluation criteria to determine (1) acceptance into the course of training, or (2) appropriateness for continuation in the course of training. An administrator or instructor shall counsel students about the negative impact of a positive drug screen on eligibility for licensure.

(C) Require students to be at least 18 years of age prior to the beginning of instruction.

(D) Require a final examination that demonstrates students' understanding and ability to perform or apply each subject area identified in subsection (1) above.

Authority cited: Sections 4005, ~~4007, 4038, 4115, 4115.5~~ and 4202, Business and Professions Code.

Reference: Sections 4005, 4007, 4038, 4115, 4115.5, and 4202, Business and Professions Code.

Proposal to add §1793.65 of Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1793.65 Pharmacy Technician Certification Programs Approved by the Board.

(a) Pursuant to Business and Professions Code section 4202(a)(4), the board approves the following pharmacy technician certification programs offered by ~~until January 1, 2021~~:

(1) The Pharmacy Technician Certification Board, and

(2) The National Healthcareer Association's Examination for the Certification of Pharmacy Technicians Program.

(b) Approval of these programs is valid through December 31, 2020.

Note: Authority cited: Business and Professions Code Sections 4005 and 4202. Reference: Business and Professions Code Sections ~~4005~~, 4038 and 4202.



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PHARMACY TECHNICIAN APPLICATION

~~All items of information requested in this application are mandatory.~~ Please read the application instructions before you complete the application. Failure to provide any of the requested information will result in the application being considered incomplete ~~an incomplete application and a deficiency letter being mailed to you.~~ An applicant for a pharmacy technician license, who fails to complete all the application requirements within 60 days 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, fee, and meet all the requirements which are in effect at the time of reapplication. ~~Please Read all the application instructions before you complete the application prior to completing this application.~~ **Page 1, 2, and 3 of the application must be completed and signed by the applicant.** All questions on this application must be answered. ~~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 (Check here)

Applicant Information - Please Type or Print
 if you meet the requirements for expediting your application.)

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#: () Email Address:
Date of Birth (Month/Day/Year):	**US Social Security # or Individual Tax ID ITIN #:	Driver's License No: State:

Mandatory Education (check one box)

- Please indicate how you satisfy the ~~mandatory~~ education requirement in Business and Professions Code section 4202(a).
- High school graduate or foreign equivalent.
Attach an official embossed transcript or notarized copy of your high school transcript, or certificate of proficiency, or foreign secondary school diploma along with a certified translation of the diploma.
- Completed a general education development certificate equivalent.
Attach an official transcript of your test results or certificate of proficiency.

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

Pharmacy Technician Qualifying Method (check one box)

- Please check one of the boxes below indicating how you qualify in order to apply for a pharmacy technician license pursuant to section 4202(a)(1)(2)(3)(4) of the Business and Professions Code.
- Attached Affidavit of Completed Coursework or Graduation for: Associate degree in Pharmacy Technology, Training Course, or Graduate of a school of pharmacy
- Attached is a ~~certified~~ copy of PTCB certificate or ExCPT certificate – Date certified: _____
- Attached is a ~~certified~~ copy of your military training DD214

List all state(s) where you hold or held a license as a pharmacy technician, pharmacist, intern pharmacist, and/or ~~pharmacy technician and or another health care professional license~~, including California. Attach an additional sheet, if necessary.

State	Registration 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 NPDB. (This must be submitted with your application.)

Photo <input type="checkbox"/>	FP Cards/Live Scan <input type="checkbox"/>	FOR BOARD USE ONLY	App fee no. _____
Enf 1 st Check <input type="checkbox"/>	FP Cards Sent _____		Amount _____
Enf 2 nd Check <input type="checkbox"/>	FP Fees <input type="checkbox"/>		Date cashiered _____
Qualify Code _____	DOJ Clear Date: _____		License no. _____
Self-Query <input type="checkbox"/>	FBI Clear Date: _____		Date issued _____
		Date expires _____	

You must provide a written explanation for all affirmative answers indicated below. Please answer the following questions. Failure to do so may result in this application being deemed incomplete and being withdrawn.

<p>1. 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? If "yes," attach a statement of explanation. If "no," proceed to #2.</p> <p>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? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes," attach a statement of explanation.</p> <p>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 whether you are not eligible for license.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Have you previously engaged in the illegal use of controlled substances?</p> <p>If "yes," 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 dangerous substances? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach a statement of explanation.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Do you currently participate in a substance abuse program or have previously participated in a substance abuse program in the past five years?</p> <p>If "yes," are you currently participating in a supervised substance abuse program or professional assistance program which monitors you to ensure you are maintaining sobriety? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach a statement of explanation.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Has disciplinary action ever been taken against your designated representative, pharmacist, intern pharmacist and/or pharmacy technician license in this state or any other state? If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Have you ever had an application for a designated representative, pharmacist, intern pharmacist and/or pharmacy technician license denied in this state or any other state? If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6. Have you ever had a pharmacy license, or any professional or vocational license or registration 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? If "yes," provide the name of company, type of permit, type of action, year of action and state.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

7. ~~Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator or medical director on a permit to conduct a pharmacy, wholesaler, medical device retailer or any other entity licensed in this state or any other state? If "yes," provide company name, type of permit, permit number and state where licensed.~~

Yes — No

8. ~~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.~~

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.

~~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. date 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 those agencies is required.~~

~~You may wish to provide the following information in order to assist in the processing of your application: 1) certified copies of the arresting agency report; 2) certified copies of the court documents; 3) and a descriptive explanation of the circumstances surrounding the conviction (i.e. date 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 those agencies is required.~~

~~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.~~

Arrest Date	Conviction Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)

APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.

<p><u>Ownership Information</u> - For any affirmative answer, attach a statement of explanation including company name, type of license, license number, and identify the state, territory, foreign country, or other jurisdiction where licensed.</p> <p>1. <u>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 any state, territory, foreign country, or other jurisdiction?</u></p>	<p>1. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><u>Disciplinary History</u> - The following questions pertain to a license sought or held in any state, territory, foreign country, or other jurisdiction. For any affirmative answer, attach a statement of explanation including type of license, license number, type of action, date of action, and identify the state, territory, foreign country, or other jurisdiction.</p> <p>2. <u>Have you ever had an application for pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration denied?</u></p> <p>3. <u>Have you ever had a pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?</u></p> <p>4. <u>Have you ever had a pharmacy, wholesaler, third-party logistics provider, and/or any other entity license denied, suspended, revoked, placed on probation, or had other disciplinary action taken?</u></p>	<p>2. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><u>Practice Impairment or Limitation</u> <u>The board will make an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the board is unable to make a determination based on the information provided, the board may require an applicant to be examined by one or more physicians or psychologists, at the board's cost, to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant. For any affirmative answer, attach a statement of explanation.</u></p> <p>5. <u>Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?</u></p> <p>6. <u>Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?</u></p> <p>7. <u>Do you have any other condition that may in any way impair or limit your ability to practice safely?</u></p> <p>8. <u>Have you ever participated in, been enrolled in, or required to enter into any drug, alcohol, or substance abuse recovery program?</u></p> <p>9. <u>If you answered "Yes" to questions 5 through 8 above, have you ever received treatment or participated in any program that improves your ability to practice safely?</u></p>	<p>5. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Yes <input type="checkbox"/> No <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/></p>

Criminal Record History

Applicants who answer "No" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.

For each conviction, you must submit with the application: 1) certified copies of the arresting agency records, 2) certified copies of the court documents (court docket), 3) a signed and dated descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of the incident and all circumstances surrounding the incident), and 4) proof of compliance with probation or parole. If the documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is recommended. In addition, you may submit evidence of rehabilitation or any information you deem appropriate.

10. **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?**

10. Yes No

This includes any felony or misdemeanor offense and any infraction. You must disclose a conviction even if it was: (1) later dismissed or expunged pursuant to Penal Code section 1203.4 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 1210.1 or an equivalent post-conviction drug treatment diversion dismissal provision from a non-California jurisdiction.

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 for violations of Health and Safety Code section 11357, subdivisions (b), (c), (d), or (e), or Health and Safety Code section 11360, subdivision (b), that are more than two years old on the date you sign your application; and (4) traffic violations that do not involve drugs or alcohol.

<u>Arrest Date</u>	<u>Conviction Date</u>	<u>Violation(s)</u>	<u>Case #</u>	<u>Court of Jurisdiction (Full Name and Address)</u>

11. **Is any criminal action pending against you, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict?**

11. Yes No

<u>Arrest Date</u>	<u>Violation(s)</u>	<u>Case #</u>	<u>Court of Jurisdiction (Full Name and Address)</u>

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.

All items of information requested in this application are mandatory. Failure to provide any of the requested information may result in the application being ~~deemed rejected as~~ deemed incomplete, including failing to provide a statement of explanation for any affirmative answers. The board must receive your application within 60 days of your signature below.

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 30 and 4000 and following and California Code of Regulations title 16, division 17. The California State Board of Pharmacy of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 4200 and 4202 and Title 16 California Code of Regulations section 1793.5 and 1793.6.~~ The California State Board of Pharmacy uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

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.~~

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

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 in 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 or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

***Address of Record:** 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 ~~and following et seq.~~) and the Public Records Act (Government Code section 6250 ~~and following et seq.~~) and will be ~~placed available~~ on the Internet. This is where the board will mail all official 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 ~~account~~ 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 ~~account~~ number or individual taxpayer identification number. Your social security ~~account~~ 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: 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 California State Board of Pharmacy is a "mandated reporter" for both child and elder abuse or neglect ~~purposes laws~~. 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 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~~ the laws above 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 refer to Penal code Code~~ section 11164 and Welfare and Institutions Code section 15630, and ~~subsequent~~ following sections.

APPLICANT AFFIDAVIT

~~(must be signed and dated by the applicant)~~ Must be signed and dated by the applicant. Must be received by the board within 60 days.

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

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 by the applicant within 60 days of board receipt of the application)~~

Date



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 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

AFFIDAVIT OF COMPLETED COURSEWORK OR GRADUATION FOR PHARMACY TECHNICIAN

Instructions: ~~This form must be completed by the university, college, school, or pharmacist. The Director, Registrar, or Pharmacist must complete and sign this form certifying the identified individual has met the specified requirements in section 4202 of the Business and Professions Code and, if applicable, board regulations. (The person who must complete this form will depend on how the applicant is qualifying).~~ All dates must include the month, day, and year ~~in order~~ for the form to be accepted.

This is to certify that _____ has
Print Name of Applicant

- Completed a pharmacy technician training program accredited by the American Society of Health-System Pharmacists (ASHP) as specified in Title 16, California Code of Regulations section 1793.6(a) on ____/____/____
(completion date must be included)
- Completed a training course that provided at least 240 hours of instruction as specified in Title 16, California Code of Regulations section 1793.6(c) on ____/____/____
(completion date must be included)
- Completed an Associate Degree in Pharmacy Technology and was conferred on ~~her/him~~ on ____/____/____
(graduation date must be included)
- Graduated from a school of pharmacy accredited or granted candidate status by the ~~American Council on Pharmaceutical Education Accreditation Council for Pharmacy Education (ACPE)~~. The degree of Bachelor of Science in Pharmacy or the degree of PharmD was conferred on ~~her/him~~ on ____/____/____
(graduation date must be included)

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

Signed: _____ Title: _____ Date: ____/____/____

<p style="text-align: center;">Affix school seal here.</p> <p style="text-align: center; margin-top: 20px;">OR</p> <p style="text-align: center; margin-top: 20px;">Attach a business card of the pharmacist who provided the training pursuant to section 1793.6(c) of Title 16, of the California Code of Regulations here. The pharmacist's license number shall be listed.</p>	<p><u>Name of Pharmacy Technician Training Program</u> University, College, or School of Pharmacy Name: _____</p> <p>Address: _____ _____</p> <p>Print Name of Director, Registrar, or Pharmacist: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
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