

Attachment 3a
Proposed New Form



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8614
 www.pharmacy.ca.gov

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



PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY (INCLUDING MODIFICATION OR TERMINATION OF PROBATION)

Business and Professions Code section 4309 permits a person whose license has been revoked or suspended or who has been placed on probation to petition the Board for reinstatement or modification of penalty, including modification or termination of probation, after not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

- (1) At least three years for reinstatement of a revoked license.
- (2) At least two years for early termination of probation of three years or more.
- (3) At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years.

TYPE OF PETITION

_____ PETITION FOR REINSTATEMENT OF REVOKED LICENSE: LICENSE NO. _____

_____ PETITION FOR REDUCTION (MODIFICATION) OF PENALTY OF PROBATION OF LICENSE NO. _____

_____ PETITION FOR EARLY TERMINATION OF PROBATION OF LICENSE NO. _____

Petitioner Information - Please Type or Print

Full Legal Name - Last Name	First Name	Middle Name
-----------------------------	------------	-------------

Previous Name(s) (AKA, Maiden Name, Alias, etc.)

*Official Mailing/Public Address of Record – Street/PO Box	City	State	Zip Code
--	------	-------	----------

Residence Address – Street	City	State	Zip Code
----------------------------	------	-------	----------

Telephone Numbers – Home	Cell	Work
--------------------------	------	------

Date of Birth (Month/Day/Year)	Email Address
--------------------------------	---------------

XXX - XX - _____

Last 4 digits of US Social Security Number or Individual Tax ID Number

Education

Name(s) of University, College, or School of Pharmacy	Country	Date of Graduation	Degree
_____	_____	_____	_____
_____	_____	_____	_____

License Information List all state(s) where you are or have previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional, including California.

State	License Type and Number	Active or Inactive	Issue Date	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Experience

List years, location, and type of practice for last five (5) years, prior to the revocation of your California State Board of Pharmacy License.

Dates		Location	Type of Practice
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide a written explanation for all affirmative answers below. Failure to provide any of the requested information may result in the application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial of the petition.

1. If your license is restored, what type of setting do you intend to practice in?
2. 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?
Yes ___ No ___ If "yes," attach a statement of explanation.
3. Have you even been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?
Yes ___ No ___ If "yes," attach a statement of explanation.
4. Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?
Yes ___ No ___ If "yes," attach a statement of explanation.

Proposed New Form

5. Do you have any other condition that may in any way impair or limit your ability to practice safely?
Yes ___ No ___ If "yes," attach a statement of explanation.
6. Have you participated in, been enrolled in, or required to enter into any drug, alcohol, or other substance abuse recovery program?
Yes ___ No ___ If "yes," attach a statement of explanation.
7. If you answered "Yes" to questions 3 through 6 above, have you received treatment or participated in any program that improves your ability to practice safely?
Yes ___ No ___ N/A ___ If "yes," attach a statement of explanation.
8. Have you ever had disciplinary action taken against your healthcare professional license in this state or any other state, other than the license for which you are petitioning?
Yes ___ No ___ If "yes," attach a statement of explanation.
9. List the date in which your license was disciplined and explain fully the cause of the disciplinary action.
10. Explain fully why you feel your license should be restored or why the disciplinary penalty should be reduced or terminated.
11. Describe fully your activities and occupation since the date of the disciplinary action of your license; include dates, employers, and locations.
12. Describe any rehabilitative or corrective measures you have taken since your license was disciplined to support your petition. List dates, nature of programs, and current status. You may include any community service or volunteer work.
13. List all post-graduate or refresher courses, with dates, location, and type of course, you have taken since your license was disciplined.
14. List all pharmaceutical literature you have studied during the last year.
15. List all continuing education courses you have completed since your license was disciplined. Attach copies of the certificates.
16. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to evaluate the petition 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, California 95833. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency in accordance with applicable law.

**PETITIONER AFFIDAVIT
(must be signed and dated by the petitioner)**

I, _____, hereby attest to the fact that I am the
(Print Full Legal Name)
petitioner whose signature appears below. I hereby certify 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.

Signature of Petitioner
(Signed and dated within 60 days of submission to the Board)

Date

Attachment 3b
Current Forms (recently updated)



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8614
 www.pharmacy.ca.gov

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



PETITION FOR REINSTATEMENT OF LICENSE REVOKED BY ADMINISTRATIVE ACTION

Pursuant to Section 4309 of the Business and Professions Code, a person whose license, permit, registration, certificate, or exemption has been revoked or suspended may petition the Board to reinstate the license, permit, registration, certificate, or exemption after a period of not less than three years has elapsed from the date of the revocation or suspension.

In determining whether the discipline penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the board may investigate and consider all activities of the petitioner since the disciplinary action was taken, the offense for which discipline was imposed, activity during the time the license, permit, registration, certificate, or exemption was in good standing and the petitioner's general reputation for truth, professional ability and good character.

Petitioner 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/PO Box	City	State	Zip Code
--	------	-------	----------

Residence Address – Street	City	State	Zip Code
----------------------------	------	-------	----------

Telephone Numbers – Home	Cell	Work
--------------------------	------	------

Date of Birth (Month/Day/Year)	** US Social Security Number or ITIN
--------------------------------	--------------------------------------

Email Address

California Board of Pharmacy License Number

Education

Name(s) of University, College, or School of Pharmacy Country Date of Graduation Degree

License Information List all state(s) where you are or have previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional, including California.

State License Type and Number Active or Inactive Issue Date Expiration Date

List years, location, and type of practice for five (5) years, prior to the revocation of your California License.

Dates

From To Location Type of Practice

1. If your license is restored, what type of practice do you intend to practice?

2. Are you or have you ever been addicted to the use of narcotics or hypnotics?

Yes ___ No ___ If Yes, attach a statement of explanation.

3. Are you or have you *ever* been habitually intemperate in the use of alcohol or other drugs?

Yes ___ No ___ If Yes, attach a statement of explanation.

4. Have you *ever* been or are you currently under observation or treatment for mental disorders, alcoholism, narcotic or hypnotic drug addiction?

Yes ___ No ___ If Yes, attach a statement of explanation.

5. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4 (which includes diversion programs).
Yes ____ No ____ If Yes, attach a statement of explanation.
6. Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.)
Yes ____ No ____ If Yes, attach a statement of explanation.
7. Have you ever had disciplinary action taken against your license in this state or any other state, other than the license for which you are petitioning?
Yes ____ No ____ If Yes, attach a statement of explanation.
8. List the date of revocation of your license and explain fully the cause of the disciplinary action.
9. Explain fully why you feel your license should be restored.
10. Describe fully your activities and occupation since the date of the revocation of your license; include dates, employers, and locations.
11. Describe any rehabilitative or corrective measures you have taken since your license revocation to prepare yourself for reinstatement. List dates, nature of programs, and current status. You may include any community service or volunteer work.
12. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was revoked.
13. List all pharmaceutical literature you have studied during the last year.
14. List all continuing education courses you have completed since your license was revoked. Attach copies of the certificates.
15. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

PETITIONER AFFIDAVIT

Provide a written explanation for all affirmative answers. Failure to provide any of the requested information may result in the application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

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 uses this information principally 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 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.

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 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:** 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) and the Public Records Act (Government Code section 6250 and following) and will be 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 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 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 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 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 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, refer to Penal Code section 11164 and Welfare and Institutions Code section 15630 and following sections.

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Interim Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each 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 1798.3 of the Civil Code.

PETITIONER AFFIDAVIT
(must be signed and dated by the petitioner)

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

petitioner whose signature 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 Petitioner
(please sign and date within 60 days of submittal to the board)

Date



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8614
 www.pharmacy.ca.gov

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



PETITION FOR REDUCTION (MODIFICATION) OF PROBATION

No petition to modify the terms of probation will be entertained until one year after the effective date of the Board’s disciplinary action. The decision will be made by the full Board in accordance with Section 11522 of the Government Code.

Modification of the terms of probation will be provided only in exceptional circumstances, such as when the board determines that the penalty imposed have been excessive, considering both the violation of law charged and the supporting evidence, or when there is substantive evidence that there is no more need for the degree of probationary supervision as set forth in the original terms and conditions. As a rule, no reduction of penalty will be granted unless the probationer has at all times been in compliance with the terms of probation.

Petitioner 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/PO Box	City	State	Zip Code
--	------	-------	----------

Residence Address – Street	City	State	Zip Code
----------------------------	------	-------	----------

Telephone Numbers – Home	Cell	Work
--------------------------	------	------

Date of Birth (Month/Day/Year)	** US Social Security Number or ITIN
--------------------------------	--------------------------------------

Email Address

California Board of Pharmacy License Number

Current Forms (recently updated)

1. Describe any rehabilitative or corrective measures you have taken since your license was placed on probation. List dates, nature of programs, and current status. You may include any community service or volunteer work.
2. List all pharmaceutical literature you have studied during the last year.
3. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

PETITIONER AFFIDAVIT

Provide a written explanation for all affirmative answers. Failure to provide any of the requested information may result in the application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

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 uses this information principally 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 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.

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 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:** 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) and the Public Records Act (Government Code section 6250 and following) and will be 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 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 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 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 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 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, refer to Penal Code section 11164 and Welfare and Institutions Code section 15630 and following sections.

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Interim Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each 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 1798.3 of the Civil Code.

PETITIONER AFFIDAVIT
(must be signed and dated by the petitioner)

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

petitioner whose signature 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 Petitioner
(please sign and date within 60 days of submittal to the board)

Date



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8614
 www.pharmacy.ca.gov

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



PETITION FOR EARLY TERMINATION OF PROBATION

No petition for early release from probation will be entertained until one year after the effective date of the Board's disciplinary action. The decision will be made by the full board in accordance with Section 4309 of the Business and Professions Code.

Early release from probation will be provided only in exceptional circumstances, such as when the board determines that the probationary terms imposed have been excessive, considering both the violation of law charged and the supporting evidence, or when there is substantive evidence that there is no more need for probationary supervision. As a rule, no early termination will be granted unless the probationer has at all times been in compliance with the terms of probation

Petitioner 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/PO Box	City	State	Zip Code
--	------	-------	----------

Residence Address – Street	City	State	Zip Code
----------------------------	------	-------	----------

Telephone Numbers – Home	Cell	Work
--------------------------	------	------

Date of Birth (Month/Day/Year)	** US Social Security Number or ITIN
--------------------------------	--------------------------------------

Email Address

California Board of Pharmacy License Number

Current Forms (recently updated)

1. Describe any rehabilitative or corrective measures you have taken since your license was placed on probation. List dates, nature of programs, and current status. You may include any community service or volunteer work.
2. List all pharmaceutical literature you have studied during the last year.
3. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

PETITIONER AFFIDAVIT

Provide a written explanation for all affirmative answers. Failure to provide any of the requested information may result in the application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

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 uses this information principally 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 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.

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 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:** 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) and the Public Records Act (Government Code section 6250 and following) and will be 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 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

Current Forms (recently updated)

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 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 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 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 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, refer to Penal Code section 11164 and Welfare and Institutions Code section 15630 and following sections.

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Interim Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each 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 1798.3 of the Civil Code.

PETITIONER AFFIDAVIT
(must be signed and dated by the petitioner)

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

petitioner whose signature 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 Petitioner
(please sign and date within 60 days of submittal to the board)

Date

Attachment 3c
Previous Forms



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8614
 www.pharmacy.ca.gov

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



**PETITION FOR REINSTATEMENT OF CERTIFICATE TO PRACTICE PHARMACY
 REVOKED THROUGH ADMINISTRATIVE DISCIPLINARY ACTION**

Pursuant to section 4309 of the Business and Professions Code, a person whose certificate, license, permit, registration or exemption has been revoked or suspended may petition the Board to reinstate the certificate, license, permit, registration or exemption after a period of not less than three years has elapsed from the date of the revocation or suspension.

In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the board may investigate and consider all activities of the petitioner since the disciplinary action was taken, the offense for which discipline was imposed, activity during the time the certificate, license, permit, registration or exemption was in good standing and the petitioner's general reputation for truth, professional ability and good character.

Please print or type

1. Name	2. Date of Birth	3. California License Number
---------	------------------	------------------------------

4. Residence Address	Street and Number	City	State	Zip Code
----------------------	-------------------	------	-------	----------

5. Telephone Number Hm () _____ Wk () _____	6. Are you licensed in any other state? yes <input type="checkbox"/> no <input type="checkbox"/>		
	State	Date of Issuance	Status of License

7. University, College or School of Pharmacy you attended.			
Name of School	Dates Attended	Graduation Date	Degree
	From To		

8. List years, location, and type of practice for 5 years prior to the revocation of your California License.			
Dates		Location	Type of Practice
From	To		

9. If your license is restored, what type of pharmacy to you intend to practice?

Are you or have you ever been addicted to the use of narcotics or hypnotics? Yes ___ No ___

Are you or have you ever been habitually intemperate in the use of alcohol or other drugs? Yes ___ No ___

Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism, narcotic or hypnotic drug addiction? Yes ___ No ___

Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4 (which includes diversion programs). Yes ___ No ___

Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.) Yes ___ No ___

Have you ever had disciplinary action taken against your pharmacist license in this state or any other state? Yes ___ No ___

The answer to any questions, 10 through 15, is yes you must attach a statement of explanation giving full details.

ON AN ATTACHED SHEET OF PAPER ANSWER THE FOLLOWING QUESTIONS

- 1. List the date of revocation of your license and explain fully the cause of the disciplinary action.
- 2. Explain fully why you feel your license should be restored.
- 3. Describe fully your activities and occupation since the date of the revocation of your license; include dates, employers, and locations.
- 4. Describe any rehabilitative or corrective measures you have taken since your license revocation to prepare yourself for reinstatement. List dates, nature of programs, and current status. You may include any community service or volunteer work.
- 5. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was revoked.
- 6. List all pharmaceutical literature you have studied during the last year.
- 7. List all continuing education courses you have completed since your license was revoked. Attach copies of the certificates.
- 8. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE _____

Signature _____

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Interim Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each 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 1798.3 of the Civil Code.



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8614
 www.pharmacy.ca.gov

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



PETITION FOR REDUCTION OF PENALTY

No petition to modify the terms of probation will be entertained until one year after the effective date of the Board's disciplinary action. The decision on the petition will be made by the full Board and in accordance with Government Code section 11522.

Modification of the terms of probation will be provided only in exceptional circumstances, such as when the board determines that the penalty imposed has been excessive, considering both the violation of the law charged and the supporting evidence, or when there is substantive evidence that there is no more need for the degree of probationary supervision as set forth in the original terms and conditions. As a rule, no reduction of penalty will be granted unless the probationer has at all times been in compliance with the terms of probation.

Please print or type

1. Name		2. Date of Birth		3. California License Number	
4. Residence Address		Street and Number	City	State	Zip Code
5. Telephone Number Hm () _____ Wk () _____		6. Are you licensed in any other state? yes <input type="checkbox"/> no <input type="checkbox"/>			
		State	Date of Issuance	Status of License	
7. University, College or School of Pharmacy you attended.					
Name of School		Dates Attended		Graduation Date	Degree
		From	To		
8. List years, location, and type of practice for 5 years prior to the revocation of your California License.					
Dates		Location		Type of Practice	
From	To				
9. How should the penalty be reduced/modified?					

Previous Forms

- 1. Are you or have you ever been addicted to the use of narcotics or hypnotics? Yes ___ No ___
- 2. Are you or have you ever been habitually intemperate in the use of alcohol or other drugs? Yes ___ No ___
- 3. Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism, narcotic or hypontic drug addiction? Yes ___ No ___
- 4. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4 (which includes diversion programs). Yes ___ No ___
- 5. Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.) Yes ___ No ___
- 6. Have you ever had disciplinary action taken against your pharmacist license in this state or any other state? Yes ___ No ___

If the answer to questions 10 through 15 is yes, you must attach a statement of explanation giving full details.

ON AN ATTACHED SHEET OF PAPER ANSWER THE FOLLOWING QUESTIONS

- 3. List the date of disciplinary action taken against your license and explain fully the cause of the disciplinary action.
- 7. Explain fully why you feel your license should be restored, or the disciplinary penatly reduced.
- 3. Describe fully your activites and occupation since the date of the disciplinary action; include dates, employers, and locations.
- 3. Describe any rehabilitative or corrective measures you have taken since your license was disciplined to support your petition. List dates, nature of programs, and current status. You may include any community service or volunteer work.
- 0. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was disciplined.
- 1. List all pharmaceutical literature you have studied during the last year.
- 2. List all continuing education courses you have completed since your license was disciplined. Attach copies of the certificates.
- 3. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE _____

SIGNATURE _____

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Interim Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each 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 1798.3 of the Civil Code.



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8614
 www.pharmacy.ca.gov

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



PETITION FOR EARLY TERMINATION OF PROBATION

No petition for early release from probation will be entertained until one year after the effective date of the Board's disciplinary action. The decision will be made by the full board in accordance with section 4309 of the Business and Professions Code.

Early release from probation will be provided only in exceptional circumstances, such as when the board determines that the probationary terms imposed have been excessive, considering both the violation of law charged and the supporting evidence, or when there is substantive evidence that there is no more need for probationary supervision. As a rule, no early termination will be granted unless the probationer has at all times been in compliance with the terms of probation.

Please print or type

1. Name	2. Date of Birth	3. California License Number
---------	------------------	------------------------------

4. Residence Address	Street and Number	City	State	Zip Code
----------------------	-------------------	------	-------	----------

5. Telephone Number	6. Are you licensed in any other state? yes <input type="checkbox"/> no <input type="checkbox"/>		
Hm () _____	State	Date of Issuance	Status of License
Wk () _____			

7. University, College or School of Pharmacy you attended.

Name of School	Dates Attended		Graduation Date	Degree
	From	To		

8. List years, location, and type of practice for 5 years prior to the revocation of your California License.

Dates		Location	Type of Practice
From	To		

9. If your license is restored, what type of pharmacy do you intend to practice?

Previous Forms

- 1. Are you or have you ever been addicted to the use of narcotics or hypnotics? Yes ___ No ___
- 2. Are you or have you ever been habitually intemperate in the use of alcohol or other drugs? Yes ___ No ___
- 3. Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism, narcotic or hypnotic drug addiction? Yes ___ No ___
- 4. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4 (which includes diversion programs). Yes ___ No ___
- 5. Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.) Yes ___ No ___
- 6. Have you ever had disciplinary action taken against your pharmacist license in this state or any other state? Yes ___ No ___

If the answer to questions 10 through 15 is yes, you must attach a statement of explanation giving full details.

ON AN ATTACHED SHEET OF PAPER ANSWER THE FOLLOWING QUESTIONS

- 3. List the date of disciplinary action taken against your license and explain fully the cause of the disciplinary action.
- 7. Explain fully why you feel your license should be restored, or the disciplinary penalty reduced.
- 3. Describe fully your activities and occupation since the date of the disciplinary action; include dates, employers, and locations.
- 3. Describe any rehabilitative or corrective measures you have taken since your license was disciplined to support your petition. List dates, nature of programs, and current status. You may include any community service or volunteer work.
- 0. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was disciplined.
- 1. List all pharmaceutical literature you have studied during the last year.
- 2. List all continuing education courses you have completed since your license was disciplined. Attach copies of the certificates.
- 3. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE _____

SIGNATURE _____

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Interim Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each 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 1798.3 of the Civil Code.