



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



**MILITARY SPOUSES/PARTNERS
 APPLICATION FOR TEMPORARY INDIVIDUAL LICENSURE**

*Business & Professions Code (BPC) sections 115.6, 1905 and 1906,
 and California Code of Regulations (CCR), Title 16, Division 11 section 1114.*

To apply for a temporary license, please submit this application. An applicant for a temporary individual license pursuant to BPC section 115.6 shall submit a completed application to the Board and meet all the requirements of this section and BPC section 115.6 to be eligible for a temporary license.

The Board shall issue a temporary license within 30 days of receiving documentation the applicant has met the requirements specified in law if the results of the criminal background check do not show grounds for denial.

Please identify the individual temporary license you are applying for:

- Pharmacy Technician
- Pharmacist
- Advanced Practice Pharmacist (requires a pharmacist license)
- Intern Pharmacist
- Designated Representative: Identify Type: Wholesaler 3PL Reverse Distributor
- Designated Paramedic

NOTICE

A temporary license issued by the Board is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to BPC section 115.5, whichever occurs first.

1. Applicant Information - Please Type or Print in ink

Full Legal Name - Last Name	First Name	Middle Name
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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) Street City State Zip Code

Home # Cell # Work #

Driver's License Number State Email Address

Date of Birth (Month/Day/Year) **US Social Security # or Individual Tax ID #

For Board Use ONLY

Processed (date & initial) _____ Military Docs: Lic Ver: Legal Union Docs: FPC/LS _____
 Enf (date & initial) _____ License # _____ Temp Issued (date & initial): _____
 17A-120 (6/2023)

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Please review the below definitions prior to answering the following mandatory questions to qualify for a temporary license.

Definitions: For the purposes of this application, the following definitions shall apply:

- (1) "Disciplined" means that the applicant's license was placed on probation, revoked, suspended, reprobated, censured, reprimanded, restricted, limited, or conditioned.
- (2) "Jurisdiction" shall mean a California or another state's licensing Board or agency, any agency of the federal government, or another country.
- (3) "Disciplinary proceeding" shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.
- (4) "Original licensing jurisdiction" shall mean the entity that issued a license to the applicant authorizing the applicant to practice within the same scope for which the applicant seeks a temporary license from the Board.

2. Are you married to, or in a domestic partnership or other legal union, with a member of the Armed Forces of the United States who is assigned to a duty station in California under official active-duty military orders?

No

Yes If YES, please attach with this application the following required documentation in A and B below to process your request for a temporary license. Failure to do so shall result in the application being deemed incomplete and the application will not be considered for a temporary license:

- A. Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces, AND
- B. A copy of the military orders establishing the applicant's spouse's or partner's duty station in California.

3. License Verification: List the current license you hold in another state, district, or territory of the United States. Provide additional sheets, if necessary.

State	License Type	License #	Issued Date	Expiration Date

4. Is the license you listed a current, active, and unrestricted license, or comparable authority to practice in another state, district, or territory of the United States for the temporary license which you are applying?

No

Yes If YES, please attach the following with this application:

Written verification from the applicant's original licensing jurisdiction that the applicant's license, registration, or other comparable authority ("license") is "unrestricted" in that jurisdiction. The verification shall include all of the following:

- The full legal name of the applicant and any other name(s) the applicant has used or has been known by.
- The license number issued to the licensee by the original licensing jurisdiction.
- The name and location of the licensing agency.
- The issuance and expiration date of the license.
- Information showing that the applicant's license is current, active, and unrestricted. For the purposes of this section, "unrestricted" shall mean:
 - The license has not been disciplined.
 - The license is not the subject of an unresolved complaint or review procedure.
 - The license is not the subject of any unresolved disciplinary proceeding.

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5. Have you been disciplined by a licensing entity in another jurisdiction, or the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.
No _____
Yes _____ If YES, please attach an explanation in writing.
6. Have you committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 141, 480, or 490 of the Code, or Sections 4300, 4301, 4311 of the Code, or section 1762 of this Division.
No _____
Yes _____ If YES, please attach an explanation in writing.
7. Submit a copy of your completed Live Scan receipt or submit Board approved rolled fingerprint cards and fingerprint processing fee of \$49 (\$32 DOJ and \$17 FBI), made payable to the Board of Pharmacy.

Applicants Applying for a Temporary Pharmacist License ONLY

8. Does the Board have a complete Pharmacist Examination for Licensure Application (17A-1 (rev 1/2023)) on file?
No _____ Please attach page 1-6 of the Pharmacist Examination for Licensure Application with this application for a temporary pharmacist license.
Yes _____ Provide the date you submitted the application. _____
9. Attach a signed Examination Security Agreement (17A-76) which is included in the Pharmacist Examination for Licensure Application (17A-1) to this application.
10. For applicants applying for a temporary pharmacist license, have you committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 4305 or 4306.5 of the Code.
No _____
Yes _____ If YES, please attach an explanation in writing.
11. Applicants for a temporary pharmacist license must successfully complete the Board's law and ethics examination designated as the California Practice Standards and Jurisprudence Examination (CPJE) for Pharmacists set forth in Section 4200 of the Code, which tests the applicant's knowledge and proficiency in state and federal laws and provisions of safe patient care, and the items set forth in Section 4200.2 and 4200.3 (d) of the Code.

Have you successfully passed the CPJE?

No _____

Yes _____ If yes, provide the date of Successful Completion of the CPJE: _____

Any holder of a temporary license desiring to continue their licensure or to practice in California after expiration of their temporary license shall apply for and obtain an individual license, as applicable, in accordance with Sections 4200, 4202, 4210, 4053, 4053.1, 4053.2, and 4202.5 of the Code.

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APPLICANT 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. An applicant 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.

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:** 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) 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 mailbox (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.

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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.

APPLICANT AFFIDAVIT

Must be signed and dated by the applicant.

Must be received by the Board within 60 days from the date of signature.

I, _____, hereby attest to the fact that I am the

(Print full Legal Name)

applicant 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 am attesting to the fact that I meet all the requirements for the temporary license, and that the information submitted in the application is accurate, to the best of my knowledge I understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

Original Signature of Applicant

Date

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FINGERPRINTS:

- California residents must use Live Scan. Nonresidents can visit California to complete a Live Scan or submit fingerprints on cards supplied by the Board. The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (e.g. law enforcement agency) in the state the services are rendered.
- **DO NOT** complete the Live Scan service or fingerprint cards until you are ready to send in your application.
- You must submit a copy of your Live Scan receipt or two rolled fingerprint cards with your application
- Each application requires you to complete a new Live Scan or submit new fingerprint cards.
- The Live Scan site may charge a processing fee.
- The Board will accept fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

A. California Resident: Submit a completed copy of your Live Scan receipt. The receipt shows you completed the Live Scan.

- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>
- Live Scan operators can make mistakes. Be proactive; make sure everything the operator keys into their computer is correct before the operator transmits your prints to the Department of Justice.
- Make sure the following information is correct when you complete your Live Scan:
 - **Notify Live Scan Operator of Type of License/Certification/Permit or Working Title:**
 - **Pharmacist and Advanced Practice Pharmacist 4200**
 - **Intern Pharmacist 4114**
 - **Pharmacy Technician 4015**
 - **Any Designated Representative 4305.5**
 - **Full Name:** Must be EXACTLY THE SAME as the name on your state issued driver's license or state issued identification card (Jr., II, etc., must be included). It must also be EXACTLY THE SAME as the name on your application and your Self-Query Report.
 - **Date of Birth:** Must be correct.
 - **Social Security Number:** Must be included and be correct, unless you have an ITIN. If you have an ITIN, this field should be left blank.
 - **Level of Service:** Must include both DOJ and FBI.

B. Non-California Resident: You may visit California and complete Live Scan. If you cannot, then you must submit two rolled fingerprint cards with your application.

- You must use fingerprint cards from the Board of Pharmacy.
- **Fingerprint Card Processing Fee \$49.** Please send a check or money order made payable to the Board of Pharmacy for the fingerprint card processing fee along with the fingerprint cards and copy of your online application.
- Print legibly or type your personal information on the fingerprint cards. If your personal information is not legible and DOJ enters your information incorrectly, you will be responsible to submit new fingerprint cards and pay the \$49 fingerprint card processing fee again.
- The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (e.g. law enforcement agency) in the state the services are rendered.
- Fingerprint clearances from cards take about six weeks longer than Live Scan.

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

California Live Scan

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

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

Type of License/Certification or Permit or Working Title: The Live Scan operator must enter in the Type of License that you are applying as specified on the Request for Live Scan Service form.

Applicant Information:

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

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

Employer: This information is not required.

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

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Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$17, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the Board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

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



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0071
ORI (Code assigned by DOJ)

License/Cert/Permit
Authorized Applicant Type

Pharmacist - Section 4050
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Board of Pharmacy
Agency Authorized to Receive Criminal Record Information

2720 Gateway Oaks Drive, Suite 100
Street Address or P.O. Box

Sacramento CA 95833
City State ZIP Code

05712
Mail Code (five-digit code assigned by DOJ)

Licensing
Contact Name (mandatory for all school submissions)

9165183100
Contact Telephone Number

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

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last First Suffix

Date of Birth Sex Male Female Driver's License Number

Height Weight Eye Color Hair Color Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number - **MANDATORY** Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

Employer (Additional response for agencies specified by statute):

N/A
Employer Name Mail Code (five digit code assigned by DOJ)

N/A
Street Address or P.O. Box

N/A
City State ZIP Code Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed