



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

STATE AND CONSUMERS AFFAIRS AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 ARNOLD SCHWARZENEGGER, GOVERNOR

## APPLICATION FOR PHARMACIST LICENSURE AND EXAMINATION

**Your name of record with the board must match identically with both your government-issued photo identification and federal social security card for admission to the CPJE. If they do not, you need to correct your identification so that the names match identically. Original government-issued photo identification and social security cards are required at the CPJE examination site.**

### NAME OF RECORD

Last Name		First Name		Middle Name		<p>TAPE A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION</p> <p><b>NO POLAROID OR SCANNED IMAGES</b></p>	
Former, Alias or "AKA" Names							
*Address of Record		Number		Street (Including Apt Number if applicable)			
City		State		Zip Code			
Residence Address: (if different from above)							
City		State		Zip Code			
Home Phone Number		Work Phone Number		Email Address			
(     )		(     )					
Date of Birth		Driver License Number		State			** Social Security Number
University, College or School(s) of Pharmacy attended							
Name of university, college or school		Country		Date of Graduation		Degree	

### DO NOT WRITE BELOW

Photo: <input type="checkbox"/>	Security: <input type="checkbox"/>	FP Cards: <input type="checkbox"/>	FP Fees: <input type="checkbox"/>	DOJ Clear: <input type="checkbox"/>	FBI Clear: <input type="checkbox"/>	Exam History			CASHIERING ONLY	
						APPLICATION FEE				
						Date	NAPLEX	CPJE	Receipt No.	
									Date Received	
Transcript: <input type="checkbox"/>		FG <input type="checkbox"/>		TSE <input type="checkbox"/>					Amount	
									LICENSE FEE	
Intern Hrs _____		Emp Ver. <input type="checkbox"/>		Requalified <input type="checkbox"/> _____				Receipt No		
C/I: <input type="checkbox"/>				School _____				Date Received		
LICENSURE VERIFY									Amount	
									License No	
									Date Issued	

List all state(s) where you have been or are currently registered as a pharmacist (If more space is needed attached additional sheet)

State	Registration number	Active or inactive	Expiration date

**ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS**

1. Have you ever taken the California pharmacist licensure exam before January 1, 2004 (when it was a multiple-choice and short answer/essay exam)?  Yes  No  
**If "yes," provide all exam date(s).** \_\_\_\_\_
2. Have you taken the CPJE before?  Yes  No  
**If "yes," provide all dates.** \_\_\_\_\_
3. Have you passed the CPJE?  Yes  No  
**If "yes," provide the exam date.** \_\_\_\_\_
4. Have you taken the NAPLEX after January 1, 2004?  Yes  No  
**If "yes," provide all dates.** \_\_\_\_\_
5. Have you passed the NAPLEX after January 1, 2004?  Yes  No  
**If "yes," provide the exam date.** \_\_\_\_\_
6. Have you ever applied for and not taken the exam?  Yes  No  
**If "yes," provide exam date(s).** \_\_\_\_\_
7. Are you a registered intern pharmacist in California?  Yes  No  
**If "yes," provide California intern number.** \_\_\_\_\_
8. Are you a registered pharmacy technician in California?  Yes  No  
**If "yes," provide pharmacy technician registration number.** \_\_\_\_\_
9. Have you ever been registered as a pharmacist in California?  Yes  No  
**If "yes," provide California pharmacist license number.** \_\_\_\_\_
10. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state?  Yes  No  
**If "yes," provide the date and state.** \_\_\_\_\_
11. Have you previously taken a pharmacist exam which was not graded or had exam results withheld on grounds of dishonest conduct during an examination in this state or any other state?  Yes  No  
**If "yes," provide the date and state** \_\_\_\_\_
12. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health and safety risks?  Yes  No  
**If "yes," attach a statement of explanation. If "no," proceed to #14.**
13. Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program?  Yes  No  
**If "yes," attach a statement of explanation.**

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 medical condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.

14. Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances?  Yes  No
- If "yes," are you currently participating in a supervised rehabilitation 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? **Attach a statement of explanation.**
15. 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 local jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside under Penal Code section 1203.4. Traffic violations of \$500 or less need not be reported. **If "yes," attach an explanation including the type of violation, the date, circumstances, location and the complete penalty received.**  Yes  No
16. Has disciplinary action ever been taken against your pharmacist license or intern permit in this state or any other state? **If "yes," attach a statement of explanation.**  Yes  No
17. Have you ever had an application for a pharmacist license or an intern permit denied in this state or any other state? **If "yes," attach a statement of explanation.**  Yes  No
18. Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied by a governmental authority in this state or any other state? **If "yes," provide the name of company, type of permit, type of action, year of action and state.**  Yes  No

Name of person or company	Type of permit	Type of action	Year of action	State

**You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed withdrawn as incomplete.**

19. Please read and sign the following:

APPLICANT AFFIDAVIT	
<p>I, _____, hereby attest to the fact that I am the applicant whose signature appears below. I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license. 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 also certify that I personally completed this application and have read and understand the instructions accompanying this application.</p>	
<p>_____ Signature of Applicant</p>	<p>_____ Date</p>