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

APPLICATION FOR RETIRED PHARMACIST LICENSE

Complete and return this form with the $45 fee.

Pharmacist License Number _____

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

_____
*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

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

Section 4200.5 of the Business and Professions Code states:

(a) The board shall issue, upon application and payment of the fee established by Section 4400, a retired license to a pharmacist who has been licensed by the board. The board shall not issue a retired license to a pharmacist whose license has been revoked.
(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active pharmacist's license is required. A pharmacist holding a retired license shall be permitted to use the titles "retired pharmacist" or "pharmacist, retired."
(c) The holder of a retired license shall not be required to renew that license.
(d) In order for the holder of a retired license issued pursuant to this section to restore their license to active status, they shall pass the examination that is required for initial licensure with the board.

I certify that I have read and understand the provisions of section 4200.5 of the Business and Professions Code.

_____ _____
Signature Date

17A-40 (9/2023)
Board Use ONLY - Cashier #_____ Date _____ Amount _____
Verified By: _____ Date Requested:_____ Date Mailed:_____