



## **CORRECTIONAL CLINIC LICENSE APPLICATION INSTRUCTIONS**

The board is authorized to issue a correctional clinic license pursuant to sections 4187 of the Business and Professions Code. Clinics applying under section 4187 of the Business and Professions Code must comply with the requirements as defined in Chapter 9, Division 2, Article 13.5.

A correctional clinic is a primary care clinic owned or operated by the state to provide health care to eligible patients of the California Department of Corrections and Rehabilitation (CDCR). [Health & Safety Code section 1206(b)]

**IMPORTANT:** Please follow these instructions completely. Failure to submit the necessary items will delay the processing of your application. If the number of forms included in this application is insufficient, please make copies. Please allow approximately 45 days from the date your application is submitted before checking on the status. The contact person designated on the application will be advised if additional information is necessary.

A checklist is provided with these instructions. The board encourages the submission of all required documentation with the application as well as the use of the checklist to assist with the application process. The board may request additional documentation to confirm or substantiate information in the application. When submitting documents to the board, please make a copy for your records.

### **SUMMARY OF CHECKLIST**

**Section A      Correctional Clinic Application and Processing Fee (All Applicants)**

**Section B      Change of Ownership / Location**

**Section C      Government Owned Correctional Clinic**

**Section D      All Other Types of Ownership - Please refer to the respective ownership section (D1-D5) in the application instructions to identify the appropriate ownership documents to submit with the application.**

**D1 Individually Owned**

**D2 Partnership**

**D3 Corporation**

**D4 Limited Liability Company**

**D5 Trust**

**Section E      Fingerprint Requirements (All Applicants)**

## CHECKLIST FOR FILING A CORRECTIONAL CLINIC APPLICATION

### Section A Correctional Clinic Application and Processing Fee (All Applicants)

All applicants are required to complete and submit the following:

**1. The application fee is \$570.**

Include a check or money order made payable to the California State Board of Pharmacy. This fee is nonrefundable.

**2. Correctional Clinic Application (17A-108):** Complete the entire application and submit with original signatures.

**3. Certification of Personnel (17A-11):** The Chief Executive Officer, highest ranking health care administrator at the correctional institution for which the application is for, needs to complete and submit a Certification of Personnel (17A-11).

**4. Organizational Chart:** Provide a business ownership organizational chart that clearly documents the applicant business' ownership structure with the application. Include percentages owned by all parties and list the top five executive officers under the appropriate entity. If submitting a change of ownership application, include both the pre and post-closing organizational structures.

**5. Acknowledgement Affidavit:** A signed acknowledgement by the correctional facility pharmacist-in-charge servicing the applicant institution, the pharmacist-in-charge for the California Department of Correction and Rehabilitation's Central Fill Pharmacy, and the correctional clinic's chief medical executive, supervising dentist, chief nurse executive, and chief executive officer verifying that the policies and procedures to implement the laws and regulations within a correctional clinic have been developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code.

### Section B Change of Ownership / Location

A correctional clinic license is nontransferable. A license is issued to the owner(s) and for the location of the facility. All approved change of ownership and change of location applications will result in a new license number being issued. Operating the facility prior to a new license being issued is unlicensed activity and may result in denial or disciplinary action by the board.

- 1. Change of Ownership Documentation:** In addition to the application requirements in Sections A, C, D and E submit the following for a change of ownership application.
- Copy of the signed proposed purchase agreement.
  - A copy of the final sale/closing documents will need to be submitted by the applicant applying for the clinic license prior to the issuance of the license.
  - Organizational Chart: Provide a business ownership organizational chart that clearly documents the applicant's business ownership structure with the application. Include both the pre- and post-closing business ownership structure.

## Section C Government Owned Correctional Clinic Documents

In addition to items listed in Sections A submit the following:

1. A letter of verification from the Chief Executive Officer indicating that the institution is government owned and operated.

## Section D All other Types of Ownership Documents

In addition to items listed under the specific type of ownership, submit a copy of the contractual agreement between the State and the Owner of the correctional institution for the State to Operate a Correctional Clinic.

**D1 Individual Owner (Sole Proprietor)** In addition to items listed in Sections A and E submit the following:

1. Certification of Personnel (17A-11):
  - Individual Owner

**D2 Partnership** In addition to items listed in Sections A and E submit the following:

1. Certification of Personnel (17A-11):
  - Top 5 Partner(s)
2. Partnership Agreement: Provide a copy of the current executed partnership agreement for the applicant business.

**D3 Corporation** In addition to items listed in Sections A and E submit the following:

1. Certification of Personnel (17A-11):
  - Top 5 Executive officer(s)
2. Articles of Incorporation: Provide a copy of the Articles of Incorporation filed with the Secretary of State for the applicant business bearing the Secretary of State's stamp (proof of filing).
3. Statement of Information: Provide a copy of the current filing with the Secretary of State bearing the Secretary of State's stamp that discloses the current officers on file for the entity. For more information, go to [http://www.sos.ca.gov/business/corp/pdf/so/corp\\_so350.pdf](http://www.sos.ca.gov/business/corp/pdf/so/corp_so350.pdf).

**D4 Limited Liability Company** In addition to items listed in Sections A and E submit the following:

1. Certification of Personnel (17A-11):
  - Top 5 Members
  - Top 5 Executive officer(s)
2. Articles of Organization: Provide a copy of the Articles of Organization filed with the Secretary of State for the applicant business.
3. Statement of Information: Provide a copy of the current filing with the Secretary of State bearing the Secretary of State's stamp that discloses the current officers on file for the entity. For more information, go to [http://www.sos.ca.gov/business/corp/pdf/so/corp\\_so350.pdf](http://www.sos.ca.gov/business/corp/pdf/so/corp_so350.pdf).
4. Operating Agreement: Current business operating agreement for the applicant business.

**D5 Trust** In addition to items listed in Sections A and E submit the following:

1. Certification of Personnel (17A-11):
  - Trustee(s)
2. Trust Document: Provide a copy of the trust or documentation signed under penalty of perjury by the authorized representative of the trust that lists the name(s) of the trustee(s) and beneficiaries, including the percentages of their interest in the trust.

**Section E Fingerprint Requirements (All Applicants)**

Each person who is required to complete a Certification of Personnel (as instructed in Section D) is required to complete the Live Scan or submit the board approved fingerprint cards for a criminal background check with the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). *If a person is currently associated with an active clinic license and has electronic fingerprints already on file with the California State Board of Pharmacy, new fingerprints may not be required.*

ALL applicants including nonprofit organizations must complete the fingerprint requirement. (Government owned facilities are exempt from this requirement.)

**Fingerprint Instructions:** Complete and attach **ONE** of the following (either A or B):

- 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 the applicant is ready to send in the application.
- The Live Scan site may charge a processing fee.
- Fingerprint card processing fee is \$49 per person (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy.
- The board will accept fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

**A. California Resident:** Attach a copy of the completed Live Scan receipt. The receipt verifies that the individual being fingerprinted has completed the Live Scan process and provides tracking information. It is the responsibility of the individual being fingerprinted to verify that all personal information entered by the Live Scan operator is correct prior to the operator’s submission. The Board of Pharmacy will not accept clearances by the DOJ/FBI if the personal information is incorrect. Receipt of incorrect information by the DOJ/FBI will result in the individual having to complete a new Live Scan.

- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>
- The individual being fingerprinted must ensure the following information is correct when completing the Live Scan:
  - **Type of License/Certification/Permit or Working Title:** Pharmacy Clinic– Section 4201
  - **Full Name:** Must be EXACTLY THE SAME as the individual’s name on his/her state-issued driver’s license or state-issued identification card (Jr., II, etc., must be included). It also must be EXACTLY THE SAME as the individual’s name on the application.
  - **Date of Birth:** Do not omit. If left blank, he/she may have to reprint.
  - **Social Security Number (SSN):** If left blank, he/she may have to reprint.

- **Level of Service:** Must include both DOJ and FBI.

**B. Non-California Resident:** The individual being fingerprinted may visit California and complete Live Scan. If he/she cannot complete the Live Scan, then two rolled fingerprint cards must be submitted with the application for each individual being fingerprinted.

- Only fingerprint cards provided by the Board of Pharmacy will be accepted.
- Request fingerprint cards through the board's online services at [https://www.dca.ca.gov/webapps/pharmacy/pubs\\_request.php](https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php) or via email to [rxforms@dca.ca.gov](mailto:rxforms@dca.ca.gov).
- Fee: Include fingerprint card processing fee of \$49 for each individual being fingerprinted (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy. You may submit one check or money order for both the application processing fee and fingerprint card processing fee(s).
- Print legibly or type personal information on the fingerprint cards. If the personal information of the individual being fingerprinted is not legible and DOJ enters the information incorrectly, he/she will be responsible to submit new fingerprint cards and pay the \$49 fingerprint card processing fee again. DOJ will NOT correct print results due to illegible fingerprint cards.
- 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 approximately six weeks.
- Poor quality prints will be rejected by DOJ/FBI and will cause delay because new fingerprint cards will be required.



**California State Board of Pharmacy**

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Business, Consumer Services and Housing Agency

Department of Consumer Affairs

Gavin Newsom, Governor



## CORRECTIONAL CLINIC LICENSE APPLICATION

(State Owned Correctional Clinic BPC 4187)

- 1. Applicant Information** (The license will list the name of the Correctional Institution and the name of the Clinic - cannot exceed 65 characters including spaces)

Name of Clinic

Name of Correctional Institution

Address of Correctional Institution: Number and Street	City	State	Zip Code
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Location of Clinic (Building Name)

Telephone Number

- 2. Type of Clinic**      Dental      Medical

**3. Type of Application**

New Clinic

\_\_\_\_\_ Anticipated Opening Date

Change of Location:

\_\_\_\_\_ Anticipated Move Date

- 4. Contact Person:** The Board will ONLY discuss the status of this application with the person identified as the contact person and any person who has signed the application. An authorized owner may designate additional individuals to receive information on this pending application by submitting the Authorization to Release Applicant Information form. The Board will communicate deficiencies and status of application to the contact person via email.

Name of Contact Person

Telephone Number

Email Address

Address Street

City

State

Zip Code

**For Board Use ONLY**

Date Processed: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Cashiered: \_\_\_\_\_

Processed by: \_\_\_\_\_

Issued by: \_\_\_\_\_

Cashiering #: \_\_\_\_\_

Date Sent to 2LR: \_\_\_\_\_

Amount Received: \_\_\_\_\_

**5. Change of Location** Provide the exact name, address, location, and license number as listed on the current clinic license.

Name listed on the Current Clinic License		License Number	
Address: Number and Street	City	State	Zip Code
Expiration Date of License	Effective Date of Change of Location		

**6. List the Chief Executive Officer, Chief Medical Executive, Supervising Dentist, and Chief Nurse Executive**

Name of Chief Executive Officer	License Type and Number
Name of Chief Medical Executive	License Type and Number
Name of Supervising Dentist	License Type and Number
Name of Chief Nurse Executive	License Type and Number

**7. Name of Licensed Correctional Pharmacy and Pharmacist-in-Charge**

Name of Licensed Correctional Pharmacy	License Number		
Address of Correctional Pharmacy: Number and Street	City	State	Zip Code
Name of Pharmacist-in-Charge	License Number		
Pharmacist-in-Charge Email Address	Telephone Number		

The board is authorized to issue a correctional clinic license pursuant to sections 4187 of the Business and Professions Code. Clinics applying under section 4187 of the Business and Professions Code must comply with the requirements as defined in Chapter 9, Division 2, Article 13.5.

The pharmacist-in-charge of the correctional facility shall implement the policies and procedures developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code and the statewide Inmate Medical Services Policies and Procedures in conjunction

with the chief executive officer, the chief medical executive, the supervising dentist, and the chief nurse executive.

**Pharmacist-in-Charge Certification:** I certify that I have read and reviewed this application and shall comply as defined in Pharmacy Law.

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Signature of Pharmacist-in-Charge

Date

**APPLICANT AFFIDAVIT - Read carefully and sign below.**

This application must be approved by the California State Board of Pharmacy before a correctional clinic license will be issued. Failure to complete the application within 60 days after being notified by the board of deficiencies the applicant may be deemed to have abandoned the application and may be required to file a new application and meet all the requirements in effect at the time of reapplication pursuant to Title 16, California Code of Regulations section 1706.2(a).

Failure to provide any of the requested information may result in the application being deemed incomplete. Any material misrepresentation in the answer of any question is grounds for denial or subsequent revocation of license, and is a violation of the California Penal Code. All items of information requested in this application are mandatory as defined in Chapter 9, Division 2, Article 13.5.

The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the executive officer as the board's address. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary, for it to perform its duties. Each person has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.38 of the Civil Code.

Under penalty of perjury, under the laws of the State of California, as the Chief Executive Officer, I certify that:

- 1) I am duly authorized to make this application on its behalf and is at least 18 years of age;
- 2) Has read the foregoing application and knows the contents thereof and attests to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements.;
- 3) No person other than the applicant has any direct or indirect interest or management and control in the applicant correctional clinic to be conducted under the license for which this application is made;
- 4) Understands that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license; and

Provide original signatures. Scanned, stamped or electronic signatures may not be accepted.

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Signature Chief Executive Officer

Name (please print)

Title

Date





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### **CORRECTIONAL CLINIC ACKNOWLEDGMENT AFFIDAVIT**

**Please complete this form.** The form is provided to help the correctional clinic applicant to demonstrate compliance with Business and Professions Code section 4187, subdivision (a) that states:

*“The policies and procedures to implement the laws and regulations of this article within a correctional clinic shall be developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code. Prior to the issuance of a correctional clinic license by the board, an acknowledgment shall be signed by the correctional facility pharmacist-in-charge servicing that institution, the pharmacist-in-charge for the California Department of Correction and Rehabilitation’s Central Fill Pharmacy, and the correctional clinic’s chief medical executive, supervising dentist, chief nurse executive, and chief executive officer.”*

By signing this acknowledgement, you are affirming that you fully understand the foregoing and the correctional clinic is in compliance with Business and Professions Code section 4187, subdivision (a).

_____ Signature of Correctional Facility Pharmacist-in-Charge Servicing the Institution	_____ Printed Name	_____ Date
_____ Signature of Pharmacist-in-Charge for the California Department of Correction and Rehabilitation’s Central Fill Pharmacy	_____ Printed Name	_____ Date
_____ Signature of Correctional Clinic’s Chief Executive Officer	_____ Printed Name	_____ Date
_____ Signature of Correctional Clinic’s Chief Medical Executive	_____ Printed Name	_____ Date
_____ Signature of Correctional Clinic’s Supervising Dentist	_____ Printed Name	_____ Date
_____ Signature of Correctional Clinic’s Chief Nurse Executive	_____ Printed Name	_____ Date



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### CERTIFICATION OF PERSONNEL

This form is completed by each natural person listed on the application/license that has beneficial interest and/or management and control. A California licensed pharmacist only acting as the pharmacist-in-charge/consulting pharmacist does not need to complete this form unless listed as a natural person on the application. Failure to complete the form and provide the required information may result in the application being considered incomplete. Attach additional sheets of paper, if necessary.

**Personal Information** - Please Type or Print

Full Legal Name - Last Name	First Name	Middle Name
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Previous Names (AKA, Maiden Name, Alias, etc.)

Residence Address - Street	City	State	Zip Code
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Telephone Numbers - Home	Cell	Work
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Email Address	**US Social Security Number or ITIN	Date of Birth (Month/Day/Year)
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**Applicant Business Information**

Name of Applicant Business	Business Telephone Number
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Applicant Business Address - Street	City	State	Zip Code
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**Position with the Applicant Business is:** (Check all that apply)

<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Stockholder	<input type="checkbox"/> Member	<input type="checkbox"/> Trustee
<input type="checkbox"/> Government Representative	<input type="checkbox"/> Professional Director	<input type="checkbox"/> Administrator			
<input type="checkbox"/> Other, please specify the position _____					

**PLEASE ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheets of paper if necessary)

1. If you are currently licensed as a physician, podiatrist, dentist, optometrist, or veterinarian in any state, territory, foreign country, or other jurisdiction, please provide the following information.

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

2. If your spouse, child, parent, or other relative or any person with whom you share a financial interest is licensed in this state or any other state as a physician, podiatrist, dentist, or veterinarian, please list his or her name, relationship to you, the license type and number, and state. (Use additional sheets if necessary.)

Name	Relationship	License Type and Number	State

**3. Ownership Information**

- A. 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 including company name, type of license, license number, and identify the state, territory, foreign country, or other jurisdiction where licensed.

**4. Disciplinary History**

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.

- A. 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?  
**Yes** \_\_\_\_ **No** \_\_\_\_
- B. 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?  
**Yes** \_\_\_\_ **No** \_\_\_\_
- C. 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 against a license you hold?  
**Yes** \_\_\_\_ **No** \_\_\_\_

## 5. Practice Impairment or Limitation

The board makes 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.

- A. Have you ever 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.
- B. 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.
- C. 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.
- D. Have you ever participated in, been enrolled in, or required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?  
**Yes** \_\_\_ **No** \_\_\_ If Yes, attach a statement of explanation.
- E. If you answered "Yes" to questions listed under 5 (A through D) above, have you ever 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.

### **APPLICANT AFFIDAVIT - Please read carefully and sign below.**

**Please 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.**

If you are a non-pharmacist owner, partner, corporate officer, corporate director or administrator of the business, you should be aware that:

- (a) Any non-pharmacist owner who commits any act which would subvert or tends to subvert the efforts of the pharmacist-in-charge to comply with the laws governing the operation of the pharmacy is guilty of a misdemeanor.
- (b) You may not order a pharmacist to perform any act that is prohibited by law.  
Any violation of the Federal Food, Drug & Cosmetic Act, the Federal Controlled Substance Act or any law or regulation relating to the practice of pharmacy in the State of California is grounds for suspension or revocation of the permit for which you are applying.
- (c) Any violation of the Federal Food, Drug & Cosmetic Act, the Federal Controlled Substance Act or any law or regulation relating to the practice of pharmacy in the State of California is grounds for suspension or revocation of the permit for which you are applying
- (d) Committing any act prohibited by law or neglecting to perform any duty required by law could result in proceedings against the personal license of a pharmacist or could result in an action against your permit.
- (e) You are not permitted to assist in any phase of compounding or dispensing of prescriptions, or to perform any of the duties that are required by law or regulation to be done by a pharmacist.

- (f) Only a pharmacist may possess the key to the pharmacy or to the permanent barrier separating the pharmacy.
- (g) You may enter the pharmacy for the purpose of performing certain specified duties only when the pharmacist is present; and the pharmacist is responsible for any non-registered person allowed to enter the pharmacy. (This does not apply to hospital pharmacies or limited permits under Business and Professions Code section 4117, or Title 16, California Code of Regulations section 1714).
- (h) Dangerous drugs and/or devices as defined in Business and Professions Code sections 4022 and 4023 may only be sold by prescription or to persons who are licensed to handle, sell and possess such drugs.

This information will be used to determine qualifications for licensure under California pharmacy law. The officer responsible for information maintenance is the Executive Officer at the California State Board of Pharmacy. This information may be transferred to another governmental agency, such as a law enforcement agency, if necessary, to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by Civil Code section 1798.3.

**\*\*Disclosure of your U.S. Social Security number or individual taxpayer identification number (ITIN) is mandatory.** Business and Professions Code section 30, Family Code section 17520, 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 that 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.

***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 the foregoing certification of personnel, including all supplementary statements; and that I personally completed this personal background affidavit. I understand that my application may be denied, or any license disciplined for fraud or misrepresentation.***

Provide Original Signature.

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Signature of Applicant (please sign and date within 60 days of filing the application)

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Date