



California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



**INSTRUCTIONS FOR (OPTIONAL) APPLICATION
FOR A TEMPORARY HOSPITAL PHARMACY LICENSE
(BPC §4110)**

A temporary license may be requested when needed to protect public safety. A temporary license may be issued for a period not to exceed 180 days and may be issued subject to terms and conditions the Board deems necessary.

A temporary license application is not required to apply for a Hospital Pharmacy license. An application for a temporary license will be evaluated in conjunction with the review of the Hospital Pharmacy application. Submission of a temporary license application does not guarantee issuance of a temporary license.

If the Board determines a temporary license was issued by mistake or denies the application for a permanent license or registration, the temporary license or registration shall terminate.

To apply for a temporary pharmacy license, please submit the following to assist with the facilitation of the Board's review:

- 1. Temporary License Fee \$325:** Include a check or money order for \$325.00 made payable to the California State Board of Pharmacy. This fee is nonrefundable.
- 2. Application for a Temporary Hospital Pharmacy License (17A-115):** Complete this entire application and submit with original signatures.
- 3. Hospital Pharmacy Application (17A-19):** Complete this entire application and submit with application processing fee and original signatures.
The application processing fee is \$570.00.
Include a check or money order made payable to the California State Board of Pharmacy. This fee is nonrefundable.
- 4. Temporary License Explanation Letter:** Please include a written statement signed by the owner/partner/officer/member that clearly explains why it is in the best interest of the public that the Board should issue the facility a temporary license. Please include the pharmacy name, address, and license number where applicable. (Not needed for Change of Ownership or Change of Location applications).
- 5. Organizational Chart or Ownership Information form (17A-33):** Please include a business ownership organizational chart that clearly documents the applicant's business ownership structure. Include each level of ownership with corresponding percentage of ownership to the top tier, 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. The submission of the organization chart may satisfy Section B 3. of the Hospital Pharmacy Application (17A-19).

- 6. For a Change of Ownership: Seller's Certification / Pending Purchase Agreement:** Please include the Seller's Certification and a copy of the pending purchase agreement. A copy of the final sale/closing documents will need to be submitted prior to issuance. This submission will satisfy Section B1 of the Hospital Pharmacy Application (17A-19) *A change of ownership requires Board approval prior to the sale occurring. All approved change of ownership applications results in a new license number being issued.*
- 7. For a Change of Location: Lease or tentative lease agreement:** Please include an executed or tentative lease agreement. This submission will satisfy Section A6 of the Hospital Pharmacy Application (17A-19). *A change of physical location requires Board approval prior to the change occurring. All approved change of location applications results in a new license number being issued*

Note: Requirements listed on the Hospital Pharmacy Application (17A-19) must be met prior to full licensure.

Signature Block

By my signature below, I represent that: (1) I am a person authorized to act for and bind the applicant; (2) I have read the foregoing application, including any supplemental statements, know its contents, and declare that each and every statement made in this application is true; and (3) I understand that falsification of any information on this application may be grounds for denial or revocation of the license.

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

_____ Signature of Proposed PIC	_____ Name (please print)	_____ Title	_____ Date
_____ Signature of Owner/Officer/Partner	_____ Name (please print)	_____ Title	_____ Date