



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



LICENSING COMMITTEE REPORT
October 20, 2021

Debbie Veale, Licensee Member, Chairperson
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member

- I. Call to Order and Establishment of Quorum**
- II. Public Comment for Items Not on the Agenda, Matters for Future Meetings**

*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a).)

- III. Approval of the July 14, 2021, Licensing Committee Meeting Minutes**

Attachment 1 includes the draft minutes from the July 14, 2021, meeting.

- IV. Discussion and Consideration of Business and Professions Code Section 4071.1 Board's Waiver to Facilitate Provisions for Remote Processing and Consideration of Possible Changes in the Law to Establish Permanent Authority Under Specified Conditions**

Relevant Law

[BPC section 4071.1](#) establishes the authority for a pharmacy to electronically enter a prescription or an order into a pharmacy's or hospital's computer from any location outside of the pharmacy or hospital with permission, under specified conditions. Included in these provisions is an explicit prohibition on such authority for controlled substances. Further, this section does not permit pharmacist to perform other steps in the dispensing process, nor does it allow other pharmacy staff to perform functions remotely.

[BPC section 4038](#) specifies that pharmacy technicians are wholly and exclusively permitted to practice only within a licensed pharmacy.

[BPC section 4115](#) specifies that a pharmacy technician may perform packaging, manipulative, repetitive or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist.

[BPC 4023.5](#) defines “direct supervision and control” to require that a pharmacist is on the premises at all times and is fully aware of all activities performed by either a pharmacy technician or intern pharmacist.

Remote Processing Waiver

For the purposes of this waiver, "remote processing" means the entering of an order or prescription into a computer from outside of the pharmacy or hospital for a licensed pharmacy as defined in Business and Professions Code (BPC) sections 4029 and 4037.

In addition to the provisions of BPC section 4071.1(a), pharmacists performing remote processing may also receive, interpret, evaluate, clarify, and approve medication orders and prescriptions, including medication orders and prescriptions for controlled substances classified in Schedule II, III, IV or V. Under this waiver, remote processing may also include order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, and authorizing release of medication for administration. The waiver does not include the dispensing of a drug or final product verification by remote processing.

Further, this waiver expands the provisions of BPC section 4071.1(a) to allow for remote processing by pharmacy technicians and pharmacy interns to include nondiscretionary tasks, including prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders for which supervision by a pharmacist is provided using remote supervision via technology that, at a minimum, ensures a pharmacist is (1) readily available to answer questions of a pharmacy intern or pharmacy technician; and (2) verify the work performed by the pharmacy intern or pharmacy technician.

Background

In response to the COVID-19 pandemic and the early need to promote physical distancing, the Board approved the expanded use of remote processing to facilitate physical distancing while balancing continuity of patient care. As the pandemic has evolved, the waiver was used on both a broad basis and site-specific based on the dynamic conditions at the time. Most recently the Board voted to extend the [broad waiver](#) through either December 31, 2021, or 30 days after the declared emergency is lifted, whichever is sooner.

For Committee Consideration and Discussion

With the urgency of the issue resolved through the extension of the waiver, it appears appropriate to evaluate what, if any, changes to the law are appropriate to allow for some form of remote processing or other work on a permanent basis.

During the meeting members will have the opportunity to begin its assessment of the issue. To assist the Committee in its discussion the following policy questions (including staff comments) may be appropriate to consider.

1. Should the Board at this time consider changes in the law to allow for Remote Processing by Pharmacist, Pharmacy Techs and Pharmacy Interns?
2. Does remote processing provide improved care for the consumers?
3. What functions in the waiver appear appropriate to be performed, and by who?
4. If either the current waiver or other provisions are made permanent, should the pharmacist-in-charge be explicitly authorized to make the determination if staff are allowed to perform the remote functions? Should remote functions be limited to electronic prescriptions only?
5. What conditions should exist?
 - a. Appropriate to note in recent years, the Board has conducted investigations, including cases allowing offshoring of the services to countries such as India.
 - b. Given the requirements for pharmacy technicians to work under the direct supervision and control of a pharmacist, is it appropriate for pharmacy technicians to perform remote functions outside of a licensed pharmacy on a permanent basis? If so, what alternative forms of supervision should be required, e.g. supervision via camera, post review documentation, etc. What, if any, impact would remote work by a pharmacy technician have on current ratio requirements? Is it appropriate to allow for refill authorizations to be performed as a remote function or does such activity create a patient safety risk?
 - c. Should remote processing only be allowed at specified locations versus home offices?

Staff Note: Some states allow remote processing but only at authorized locations. As an example, Texas issues a Central Prescription Drug or Medication Order Processing License. This may provide the Board with better regulatory oversight and eliminates the need for inspectors to perform investigations at a home office if necessary. If this function is allowed at a home office, should inspectors have the authority to conduct unannounced inspections? Also, if remote processing is allowed at a home, should the pharmacy's policies and procedures require a background check of all individuals living in the home.
 - d. Should notification to the Board of such practices be required?
 - e. Should any proposal include mandatory notification of any HIPAA breaches.
 - f. Should remote functions be limited to only when the pharmacy is open?
6. What minimum standards should be established for remote functions to assure safety and security of records in addition to the pharmacy defining its practices in policies and procedures?

Staff Note: Investigator staff have expressed concern that remote order entry will make it easier for fraudulent billing to be conducted.

7. Is it appropriate to consider the provisions that exist for remote dispensing site pharmacies to determine if any such provisions are appropriate for inclusion, e.g., additional experience requirements for pharmacy technicians?

V. Discussion and Consideration of Requirements to Serve as a Pharmacist-In-Charge

Relevant Law

There are numerous provisions within Pharmacy Law and its regulations establishing requirements for a pharmacist-in-charge (PIC), including the roles and responsibilities, etc. Two primary sections include:

1. [BPC section 4036.5](#) defines a “pharmacist-in-charge” as a pharmacist proposed by a pharmacy and approved by the board as the supervisor or manager responsible for ensuring the pharmacy’s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.
2. [BPC section 4113](#) provides in part that every pharmacy shall designate a PIC. Further, the pharmacy is responsible for compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

In addition to relevant sections of law, the Board also a precedential decision ([Sternberg v. California State Board of Pharmacy \(2015\) 239 Cal.App.4th 1159 California Court of Appeal, Second District, Division Eight, Case No. B255865](#)) that confirmed that a pharmacist-in-charge of a pharmacy could be disciplined for a pharmacy’s violation of Section 4081 resulting from a pharmacy technician’s theft of controlled substances without having actual knowledge of, or authorizing, the violations.

Background

During its recent strategic planning session, the Board established a strategic objective to determine if application requirements for a PIC are appropriate to ensure sufficient knowledge, skills and abilities for individuals seeking to serve as a PIC.

It is not uncommon for investigations to substantiate violations where a pharmacist may be designated as a PIC in name only or the designated PIC fails to exercise appropriate oversight of the operations. Although the egregiousness of the violations varies there are many instances where such an individual pharmacist ultimately is disciplined including losing their pharmacist license through the administrative process.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to begin its assessment of the issue. To assist the Committee in its discussion the following policy questions may be appropriate to consider.

1. Are there fundamental knowledge, skills, and abilities that are required for someone to serve as a PIC?
2. Should the Board require or provide a certain type of continuing education or other training as a precursor to assuming the role of a PIC?
3. Should the Board require an attestation from the proposed PIC acknowledging and confirming the legal requirements for a PIC?
4. Should there be a minimum number of hours a PIC should be required to work at the respective pharmacy?

VI. Discussion and Consideration of Implementation Plan for Listening Sessions and Pharmacy Technician Summit

Background

As part of its July 2021 meeting, the Committee voted to convene a pharmacy technician summit. As a precursor to the summit, the Committee determined it appropriate to convene listening sessions, ideally throughout the state and during nontraditional business hours. Such an approach is intended to reach a broad audience to solicit feedback in advance of the summit. During the meeting members stated their intention to convene both the listening sessions and the technician summit in person.

Since that time staff have worked with Chairperson Veale. Given the dynamic nature of the COVID pandemic, staff would appreciate additional feedback from the Committee about its preference to convene these meetings in person as it may further delay the work of the Committee.

Provided below is a possible implementation plan that would allow the Committee to perform its work, but in virtual meetings, while still creating opportunities for broader participation.

Listening Sessions

Host a series of listening sessions over a two-week period. To facilitate the sessions, WebEx sessions would be established including nights and weekends, and could begin as early as November or December. In addition to the listening sessions, alerts could be released encouraging interested parties to submit comments in writing.

To ensure individuals have the opportunity to fully participate in a session, it is recommended that the number of registrations for the listening session be limited to about 50 participants each. Below is a general overview of the proposed listening sessions.

Pharmacy Technician Sessions (Eight proposed sessions):

- Two on Saturday
- Two on Sunday
- One on a weekday morning
- Three on a weekday evening

Pharmacist Sessions

- Two on a weekday evening

Chairperson Veale would attend all sessions and would request comments on the following questions. It is the hope the other members would attend one or more sessions but all will be provided with a compilation of the information as well.

1. What duties do you believe a pharmacy technician could perform beyond those currently authorized?
2. Should some functions allow for supervision by another technician (e.g., tech check tech)? If yes, please provide examples.
3. Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
4. Do you believe you have appropriate on the job training, education (e.g., community college, etc.) to perform your duties safely, including in the following areas - - pharmacy operations, HIPAA compliance, compounding?
5. Do you believe the level or type of training depends on the functions you perform?
6. What are some of the biggest challenges you face?

For Committee Consideration and Discussion

During the meeting members will have the opportunity to consider if this alternative approach could be considered as a means to solicit feedback from a broad spectrum of pharmacy technicians while allowing the Committee to move forward with its evaluation of the issues. Further it may be appropriate for members to consider if the six questions identified above are appropriate or additional questions are advisable?

Further, if members agree this approach is appropriate for the listening sessions. It may be appropriate to consider if the summit can similarly be convened as a virtual meeting.

Should the Committee determine its preference is to convene the meetings in person as originally determined, it is anticipated there will be a delay in initiation of this work.

VII. Review and Discussion of Licensing Statistics

The quarterly licensing statistics for the first quarter of fiscal year 2021/2022 are provided in **Attachment 2**.

As of September 30, 2021, the Board has received 4,748 initial applications, including:

- 1,148 intern pharmacists
- 913 pharmacist exam applications (275 new, 638 retake)
- 35 advanced practice pharmacists
- 1354 pharmacy technicians
- 88 community pharmacy license applications (84 PHY, 3 PHE, 1 PHR)
- 32 sterile compounding pharmacy license applications (LSC, LSE, SCP, SCE)
- 28 nonresident pharmacy license applications
- 19 hospital pharmacy license applications

As of September 30, 2021, the Board has received 150 requests for temporary site license applications, including:

- 61 community pharmacy license applications
- 22 sterile compounding pharmacy license applications
- 19 nonresident pharmacy license applications
- 18 hospital pharmacy license applications

As of September 30, 2021, the Board has issued 3,447 individual licenses, including:

- 1,034 intern pharmacists
- 834 pharmacists
- 22 advanced practice pharmacists
- 1,420 pharmacy technicians

As of September 30, 2021, the Board has issued 161 site licenses without temporary license requests, including:

- 56 automated drug delivery systems (42 AUD, 14 APD)
- 26 community pharmacies
- 1 hospital pharmacies

As of September 30, 2021, the Board has issued 104 temporary site licenses, including:

- 61 community pharmacies
- 3 hospital pharmacies

Processing Times

The general application and deficiency mail processing times by license type are provided below reflecting data current as of October 1, 2021. The data reflects the time from when an application or deficiency response is received by the Board through to the time it is reviewed by licensing staff. The standard performance processing time is within 30 days for

initial applications and is within 10 days for deficiency mail. The term “Current” means there are no items to review or staff is currently reviewing the items within 1-5 days for that specific license type.

Processing times are outside of the performance measures established by the Board. The Board’s licensing unit has vacancies in various stages of recruitment as well as staff out on unexpected leave. Managers are working with staff to prioritize work. It is anticipated processing times will improve as vacancies are filled and staff return from unexpected leave. Appropriate resources are just part of the challenge. The issue of processing times is also impacted by the number of deficient applications which appear to be a significant percentage of the workload for some application types.

As an example, over 50% of the pharmacy technician applications received are deficient. The Board has updated both the application and instruction sheets and several years ago made a video. Unfortunately, the Board continues to receive a large number of deficient pharmacy technician applications. Although there is a range of deficiencies, the most common include:

- Applicants submitted a self-query that is either not sealed or the name is spelled wrong or transposed.
- Affidavit of completed coursework is not completely correct or secondary information regarding the identification of the appropriate verifying party is not provided.
- High school transcripts are not received or other appropriate documentation is not provided.

Also, the vast majority of applications received for pharmacies are also deficient. Again, there is a range of deficiencies, but the those most common include:

- Inconsistent information is provided throughout the application and supporting materials
- Forms are not completed correctly
- Ownership information is not disclosed
- Complete financial information is not provided
- Further, nonresident pharmacies many times do not have compliant patient-centered labels. Such an issue must be remedied before a license can be issued.

Although resource intense, staff are piloting a process to schedule phone calls with the authorized contacts for some applicants to discuss the deficiencies and ensure there is an understanding of the requirements and requested items. This is a relatively new process but are hopeful as vacancies are filled such a process will assist applicants and also reduce overall processing times.

Premises Application Types	Application Processing Times as of 7/2/2021	Application Processing Times as of 10/8/2021	Deficiency Mail Processing Times as of 7/2/2021	Deficiency Mail Processing Times as of 10/8/2021
Pharmacy	60	88	79	115
Nonresident Pharmacy	21	113	60	115
Sterile Compounding	64	67	87	79
Nonresident Sterile Compounding	22	0	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	0	Current
Nonresident Outsourcing	73	Current	2	92
Hospital Satellite Compounding Pharmacy	18	Current	19	77
Hospital	57	77	15	78
Clinic	43	28	26	10
Wholesaler	16	29	5	14
Nonresident Wholesaler	16	28	3	18
Third-Party Logistics Provider	15	Current	9	Current
Nonresident Third-Party Logistics Provider	24	23	Current	17
Automated Drug Delivery System	17	Current	12	Current
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 7/2/2021	Application Processing Times as of 10/8/2021	Deficiency Mail Processing Times as of 7/2/2021	Deficiency Mail Processing Times as of 10/8/2021
Exam Pharmacist	29	31	10	23
Pharmacist Initial Licensure	Current	1	n/a	n/a
Advanced Practice Pharmacist	Current	Current	Current	Current
Intern Pharmacist	29	31	5	2
Pharmacy Technician	49	24	43	1
Designated Representative	36	31	Current	15
Designated Representatives-3PL	15	31	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

VIII. Future Committee Meeting Dates

- **January 19, 2022**
- **April 19, 2022**
- **July 18, 2022**
- **October 18, 2022**

IX. Adjournment

Attachment 1



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**California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Licensing Committee Meeting Minutes**

Date: July 14, 2021

Location: Teleconference Public Licensing Committee Meeting Note: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-08-21, dated June 11, 2021, neither a public location nor teleconference locations are provided.

Board Members

Present: Debbie Veale, Licensee Member, Chair
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jason Weisz, Public Member

Board Members Not

Present: Jignesh Patel, Licensee Member

Staff Present:

Anne Sodergren, Executive Officer
Lyle Matthews, Assistant Executive Officer
Eileen Smiley, DCA Staff Counsel
Debbie Damoth, Administration Manager

I. Call to Order, Establishment of Quorum, and General Announcements

The meeting was called to order at approximately 9:07 a.m. As part of the opening announcements, Chairperson Veale reminded everyone that the meeting was being conducted consistent with the provisions of Governor Gavin Newsom's Executive Order N-08-21.

Provisions for providing public comment throughout the meeting were reviewed.

Roll call was taken. Members present: Seung Oh, Lavanza Butler, Jason Weisz, and Debbie Veale. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided with an opportunity to provide public comment; however, no comments were provided.

III. Approval of the April 2021 Licensing Committee Meeting Minutes

Members were provided the opportunity to provide comments on the draft minutes.

Motion: Approve the April 2021 Committee meeting minutes as provided in the meeting materials.

M/S: Oh/Butler

Members of the public were provided the opportunity to provide public comments; however, none were provided.

Support: 4 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Butler	Support
Oh	Support
Patel	Not Present
Veale	Support
Weisz	Support

IV. Discussion and Consideration of Pharmacy Technician Duties and Possible Changes

Chairperson Veale noted that existing law establishes the functions of a pharmacy technician and provided a summary of the 2017 pharmacy technician summit noting that as part of the summit, the application and renewal requirements and authorized duties of a pharmacy technician were considered. Subsequent to that discussion, the Committee focused on the development of an advanced pharmacy technician proposal, which would be discussed later in the meeting.

More recently, at October 2020 the Board voted and approved a policy statement that stated the Board's belief that influenza and COVID-19 vaccine administration may be safely performed by specially trained licensed pharmacy technicians under specified conditions. The policy statement included that the Board supports efforts to secure both

temporary authority through a waiver, as well as more permanent solution through statutory or regulatory changes.

Chairperson Veale reminded members that the Board has not yet pursued the more permanent solution.

Ms. Veale suggested it may be appropriate to convene another summit to provide an opportunity for a more comprehensive review and perhaps allow the Committee to take a deeper dive into the various practice settings. Members of the Committee spoke in support with some members suggesting it may be appropriate to convene the meeting after the waivers are done as well as noting the benefit of allowing a broader discussion on technician duties.

Members of the public were also provided an opportunity to provide comments and asked to provide comments on both convening a summit as well as the information that may be appropriate to be considered as part of the summit.

Members of the public spoke in support of the summit with many stakeholders offering to assist. Some stakeholders spoke in support of the summit but expressed concerns with the expansion of pharmacy technician duties to include administration of COVID vaccine. It was also recommended that the Committee consider recent actions taken by Illinois related to pharmacy technician authorized duties. Stakeholders also suggested the summit should not be convened until conditions allow for an in-person meeting. Public comment further suggested that the Committee have a listening tour that would allow for maximum participation.

Chairperson Veale noted that the intent of the summit is to focus on technician duties and the Committee is interested in hearing public comment on all three related topics during the meeting. The Committee deferred action until additional agenda items were discussed. Members also requested that any studies related to the relevant topics be provided to the executive officer.

V. Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio in Community and Compounding Pharmacy Settings

Chairperson Veale reminded members that during the April 2021 Board Meeting, in response to public comment, members agreed to place a discussion on a future agenda to discuss the ratio of pharmacist to pharmacy technicians in community and compounding pharmacy settings. As part of the public comment, the commenter suggested that a 1:2 pharmacist to pharmacy technician ratio appeared appropriate.

Ms. Veale referenced information included in the meeting materials about how other jurisdictions approach this issue also noting that the issue of ratios is a complicated one. Ms. Veale also reminded all present that, as required by statute, protection of the public shall be the highest priority in decision making.

Chairperson Veale highlighted that in 2017 it appeared there was consensus among members that a 1:2 ratio may be appropriate; however, she noted that there have been changes in pharmacy practice since that time. Chairperson Veale also advised members that this topic may be appropriate for the summit.

Member comments included the need for a separate discussion around the sterile compounding versus community where the needs may be different and suggested that the discussion on sterile compounding may be an appropriate topic for the Enforcement and Compounding Committee. Members also discussed the importance of reviewing data and studies on the issue. Members reached a consensus to include the ratio topic at the summit.

Members of the public were provided an opportunity to comment. Comments included support to add the topic to the summit. It was also suggested that the committee consider a discussion of a minimum staffing requirement for a pharmacist and what is needed for pharmacists to perform their duties. Public comment also suggested that increasing the current ratio makes it more difficult for pharmacists to do their job. The Committee was also reminded that unlicensed staff working with a pharmacy also require supervision by a pharmacist.

Commenters offered to send relevant materials to the Committee.

The Committee took a break from 10:08 a.m. to 10:15 a.m. Upon resumption of the meeting a roll call was taken. Members present included Lavanza Butler, Jason Weisz, Seung Oh, and Debbie Veale.

VI. Discussion and Consideration of Board's Legislative Proposal to Establish a New Licensing Program Creating Advanced Practice Pharmacy Technician Requirements and Functions.

Chairperson Veale referenced relevant information contained in the materials and reminded those present that in response to changes in pharmacy practice and the expanded roles of pharmacists, the Committee and Board completed development of a statutory proposal to create a new licensing program for advanced pharmacy technicians. The development of the proposal occurred over several meetings and evolved throughout the process. During the process of development, the Committee and Board focused on proposed changes that would benefit consumers including making pharmacists more available to engage in direct patient care activities.

As part of the January 2020 Board Meeting, members considered a recommendation from the Licensing Committee for its consideration. Ms. Veale noted that a brief summary of the basic tenets and the proposal language was included in the meeting materials.

As part of its discussion members indicated that discussion on the proposal was not necessary at this time because it is related to issues scheduled for discussion at the summit. Members contemplated if an advanced pharmacy technician is appropriate and discussed that the scope of practice for pharmacy technicians in other states exceeds the authority currently allowed in California.

Members of the public were provided the opportunity to provide comment with some stakeholders offering to provide the Board with information. Other stakeholders suggested that this issue be tabled with some including that the creation of an advanced pharmacy technician could divide the profession. Additional comments included that the topic could be deferred to the summit.

Members noted that the summit should include technician duties and ratios. It could also incorporate support of the concept of an advanced technician.

Motion: Table legislative proposal to establish a new licensing program creating an advanced practice pharmacy technician.

M/S: Butler/Oh

Public comment on the motion: Members of the public were provided the opportunity to provide public comment; however, none were provided.

Support: 2 Oppose: 1 Abstain: 1 Not Present: 1

Board Member	Vote
Butler	Support
Oh	Support
Patel	Not Present
Veale	No
Weisz	Abstain

Motion: Schedule a Summit discussing pharmacy technician duties and possible changes to the ratio. Schedule at such a time that the meeting will be convened in person. Delegate to the Chair and executive officer the scheduling of the meeting.

M/S: Oh/Butler

Support: 4 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Butler	Support
Oh	Support
Patel	Not Present
Veale	Support
Weisz	Support

VII. Discussion and Consideration of Committee’s Strategic Plan Goals

Chairperson Veale referenced the status of committee goals in the materials and noted that the Board will be undertaking development of a new strategic plan. Ms. Veale noted that it may be appropriate to focus on evaluation of the various types of pharmacies and determine if California law adequately regulates the different settings, such as call centers, mail order pharmacies, etc.

Members noted the need to make pharmacy law more specific to the different practice settings.

MOTION: Recommend to the Board inclusion in the next strategic plan an evaluation of the various pharmacy practice settings and determination if changes in the law to reflect the variance in the practice is appropriate.

M/S: Weisz/Butler

Members of the public were provided an opportunity to provide public comment. Public comment included a suggestion that the Board consider what other jurisdictions have done.

Support: 4 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Butler	Support
Oh	Support
Patel	Not Present
Veale	Support
Weisz	Support

VIII. Review and Discussion of Licensing Statistics

Chairperson Veale provided a summary of the licensing statistics provided within the meeting materials noting that the information provided reflected data through June 25, 2021. Meeting materials indicated that the Board had received 14,244 initial applications and had received 542 requests for temporary site license applications. Further the Board had issued 7,777, individual licenses; 427 temporary licenses; and 489 permanent site licenses.

Ms. Veale also referenced the processing times included in the meeting materials noting that processing times for applications are outside of the Board's performance measures. Chairperson Veale advised that these delays are caused in part by vacancies and unexpected leaves of absence for staff.

Ms. Veale advised all present, that in addition to the annual statistics, three-year comparison data was also provided in the meeting materials and noted there appeared to be a general downward trend in workload.

Members of the public were provided the opportunity to provide public comment; however, none were provided.

IX. Future Committee Meeting Dates

Members were reminded that the next Committee meeting was scheduled for October 27, 2021.

X. Adjournment

The meeting adjourned at 11:18 a.m.

Attachment 2

CALIFORNIA STATE BOARD OF PHARMACY
 QUARTERLY LICENSING STATISTICS FISCAL YEAR 2021/2022

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	90	0	0	0	90
Designated Representatives Vet (EXV)	3	0	0	0	3
Designated Representatives-3PL (DRL)	23	0	0	0	23
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1,148	0	0	0	1,148
Pharmacist Exam Applications	275	0	0	0	275
Pharmacist Retake Exam Applications	638	0	0	0	638
Pharmacist Initial License Application (RPH)	845	0	0	0	845
Advanced Practice Pharmacist (APH)	35	0	0	0	35
Pharmacy Technician (TCH)	1,354	0	0	0	1,354
Total	4,411	0	0	0	4,411

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	39	0	0	0	39
Automated Drug Delivery System (ADD(APD))	5	0	0	0	5
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	0	0	0	1
Clinics (CLN)	31	0	0	0	31
Clinics Government Owned (CLE)	27	0	0	0	27
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	19	0	0	0	19
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	82	0	0	0	82
Pharmacy (PHY) Chain	2	0	0	0	2
Pharmacy Government Owned (PHE)	3	0	0	0	3
Remote Dispensing Pharmacy (PHR)	1	0	0	0	1
Pharmacy Nonresident (NRP)	28	0	0	0	28
Sterile Compounding (LSC)	30	0	0	0	30
Sterile Compounding Government Owned (LSE)	2	0	0	0	2
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	13	0	0	0	13
Veterinary Food-Animal Drug Retailer (VET)	1	0	0	0	1
Wholesalers (WLS)	14	0	0	0	14
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	35	0	0	0	35
Total	337	0	0	0	337

*Number of applications received includes the number of temporary applications received.

Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Hospitals - Temp (HSP)	18	0	0	0	18
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	61	0	0	0	61
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	19	0	0	0	19
Sterile Compounding - Temp (LSC)	22	0	0	0	22
Sterile Compounding Nonresident - Temp (NSC)	2	0	0	0	2
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	0	0	0	2
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	8	0	0	0	8
Wholesalers Nonresident - Temp (OSD)	17	0	0	0	17
Total	150	0	0	0	150

LICENSES ISSUED

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	118	0	0	0	118
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	19	0	0	0	19
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1,034	0	0	0	1,034
Pharmacist (RPH)	834	0	0	0	834
Advanced Practice Pharmacist (APH)	22	0	0	0	22
Pharmacy Technician (TCH)	1,420	0	0	0	1,420
Total	3,447	0	0	0	3,447

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	42	0	0	0	42
Automated Drug Delivery System (ADD(APD))	14	0	0	0	14
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	7	0	0	0	7
Clinics Government Owned (CLE)	19	0	0	0	19
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	1	0	0	0	1
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	25	0	0	0	25
Pharmacy Government Owned (PHE)	1	0	0	0	1
Remote Dispensing Pharmacy (PHR)	0	0	0	0	1
Pharmacy Nonresident (NRP)	9	0	0	0	9
Sterile Compounding (LSC)	14	0	0	0	14
Sterile Compounding Government Owned (LSE)	2	0	0	0	2
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	2	0	0	0	2
Third-Party Logistics Providers Nonresident (NPL)	1	0	0	0	1
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	8	0	0	0	8
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	15	0	0	0	15
Total	161	0	0	0	162

Site Temporary Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	1	0	0	0	1
Hospitals - Temp (HSP)	3	0	0	0	3
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	61	0	0	0	61
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	0	0	0	15
Sterile Compounding - Temp (LSC)	6	0	0	0	6
Sterile Compounding Nonresident - Temp (NSC)	0	0	0	0	0
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	4	0	0	0	4
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	3	0	0	0	3
Wholesalers Nonresident - Temp (OSD)	10	0	0	0	10
Total	104	0	0	0	104

PENDING APPLICATIONS (Data reflects number of pending applications at the end of the quarter)

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	220			
Designated Representatives Vet (EXV)	10			
Designated Representatives-3PL (DRL)	52			
Designated Representatives-Reverse Distributor (DRR)	2			
Designated Paramedic (DPM)	0			
Intern Pharmacist (INT)	233			
Pharmacist (exam not eligible)	1,643			
Pharmacist (exam eligible)	1,253			
Advanced Practice Pharmacist (APH)	151			
Pharmacy Technician (TCH)	1,732			
Total	5,296	0	0	5,908

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	140			
Automated Drug Delivery System (ADD(APD))	49			
Automated Drug Delivery System EMS (ADE)	0			
Automated Patient Dispensing System 340B Clinic (ADC)	0			
Centralized Hospital Packaging Government Owned (CHE)	1			
Centralized Hospital Packaging (CHP)	4			
Clinics (CLN)	133			
Clinics Government Owned (CLE)	30			
Drug Room (DRM)	4			
Drug Room Government Owned (DRE)	0			
Hospitals (HSP)	25			
Hospitals Government Owned (HPE)	2			
Hospital Satellite Sterile Compounding (SCP)	2			
Hospital Satellite Sterile Compounding Government Owned (SCE)	2			
Hypodermic Needle and Syringes (HYP)	14			
Correctional Pharmacy (LCF)	0			
Outsourcing Facility (OSF)	0			
Outsourcing Facility Nonresident (NSF)	8			
Pharmacy (PHY)	208			
Pharmacy Government Owned (PHE)	13			
Remote Dispensing Pharmacy (PHR)	5			
Pharmacy Nonresident (NRP)	164			
Sterile Compounding (LSC)	82			
Sterile Compounding - Government Owned (LSE)	10			
Sterile Compounding Nonresident (NSC)	15			
Surplus Medication Collection Distribution Intermediary (SME)	0			
Third-Party Logistics Providers (TPL)	2			
Third-Party Logistics Providers Nonresident (NPL)	62			
Veterinary Food-Animal Drug Retailer (VET)	1			
Wholesalers (WLS)	49			
Wholesalers Government Owned (WLE)	2			
Wholesalers Nonresident (OSD)	127			
Total	1,014	0	0	1,094

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	3			
Hospitals - Temp (HSP)	11			
Hospital Satellite Sterile Compounding - Temp (SCP)	0			
Outsourcing Facility - Temp (OSF)	0			
Outsourcing Facility Nonresident - Temp (NSF)	2			
Pharmacy - Temp (PHY)	114			
Remote Dispensing Pharmacy - Temp (PHR)	0			
Pharmacy Nonresident - Temp (NRP)	43			
Sterile Compounding - Temp (LSC)	18			
Sterile Compounding Nonresident - Temp (NSC)	1			
Third-Party Logistics Providers - Temp (TPL)	1			
Third-Party Logistics Providers Nonresident - Temp (NPL)	5			
Veterinary Food-Animal Drug Retailer - Temp (VET)	0			
Wholesalers - Temp (WLS)	3			
Wholesalers Nonresident - Temp (OSD)	10			
Total	211	0	0	213

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	3	0	0	0	3
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	0	0	0
Pharmacist (exam applications)	3	0	0	0	3
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	2	0	0	0	2
Total	8	0	0	0	8

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	8	0	0	0	8
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	2	0	0	0	2
Clinics Government Owned (CLE)	1	0	0	0	1
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	3	0	0	0	3
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	0	0	0	3
Sterile Compounding (LSC)	3	0	0	0	3
Sterile Compounding - Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	0	0	0
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	2	0	0	0	2
Total	18	0	0	0	18

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	0	0	0	0	0
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	0	0	0
Pharmacist (exam application)	2	0	0	0	2
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	6	0	0	0	6
Total	8	0	0	0	8

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	4	0	0	0	4
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	1	0	0	0	1
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	0	0	0
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	8	0	0	0	8

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	485	0	0	0	485
Designated Representative Responded	338	0	0	0	338
Advanced Practice Pharmacist Received	205	0	0	0	205
Advanced Practice Pharmacist Responded	156	0	0	0	156
Pharmacist/Intern Received	1,928	0	0	0	1,928
Pharmacist/Intern Responded	1,076	0	0	0	1,076
Pharmacy Technician Received	1,978	0	0	0	1,978
Pharmacy Technician Responded	1,978	0	0	0	1,978
Pharmacy Received	1,903	0	0	0	1,903
Pharmacy Responded	1,195	0	0	0	1,195
Sterile Compounding/Outsourcing Received	914	0	0	0	914
Sterile Compounding/Outsourcing Responded	737	0	0	0	737
Wholesale/Clinic/Hypodermic/3PL Received	769	0	0	0	769
Wholesale/Clinic/Hypodermic/3PL Responded	352	0	0	0	352
Automated Drug Delivery Systems Received	310	0	0	0	310
Automated Drug Delivery Systems Responded	245	0	0	0	245
Pharmacist-in-Charge Received	920	0	0	0	920
Pharmacist-in-Charge Responded	774	0	0	0	774
Change of Permit Received	816	0	0	0	816
Change of Permit Responded	592	0	0	0	592
Renewals Received	2,141	0	0	0	2,141
Renewals Responded	1,970	0	0	0	1,970

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	42	0	0	0	42
Advanced Practice Pharmacist	112	0	0	0	112
Pharmacist/Intern	1,030	0	0	0	1,030
Pharmacy	44	0	0	0	44
Sterile Compounding/Outsourcing	88	0	0	0	88
Wholesale/Clinic/Hypodermic/3PL	83	0	0	0	83
Automated Drug Delivery Systems	222	0	0	0	222
Pharmacist-in-Charge	103	0	0	0	103
Change of Permit	76	0	0	0	76
Renewals	1,246	0	0	0	1,246
Reception	19,930	0	0	0	19,930

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	556	0	0	0	556
Processed	550	0	0	0	550
Approved	500	0	0	0	500
Pending (Data reflects number of pending at the end of the quarter.)	386				n/a
Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	44	0	0	0	44
Processed	38	0	0	0	38
Approved	38	0	0	0	38
Pending (Data reflects number of pending at the end of the quarter.)	70				n/a
Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	5	0	0	0	5
Processed	4	0	0	0	4
Approved	5	0	0	0	5
Pending (Data reflects number of pending at the end of the quarter.)	7				n/a
Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	18	0	0	0	18
Processed	15	0	0	0	15
Approved	66	0	0	0	66
Pending (Data reflects number of pending at the end of the quarter.)	61				n/a
Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	658	0	0	0	658
Processed	66	0	0	0	66
Approved	50	0	0	0	50
Pending (Data reflects number of pending at the end of the quarter.)	2,415				n/a
Clinic Co-Location	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	0	0	0	0	0
Processed	0	0	0	0	0
Approved	0	0	0	0	0
Pending (Data reflects number of pending at the end of the quarter.)	0	0	0	0	n/a
Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	112	0	0	0	112
Processed	115	0	0	0	115
Approved	109	0	0	0	109
Pending (Data reflects number of pending at the end of the quarter.)	321				n/a
Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	55	0	0	0	55
Processed	29	0	0	0	29
Completed	29	0	0	0	29
Pending (Data reflects number of pending at the end of the quarter.)	48				n/a
Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	3,267	0	0	0	3,267
Off-site Storage	12	0	0	0	12
Transfer of Intern Hours	4	0	0	0	4
License Verification	214	0	0	0	214

DISCONTINUED OF BUSINESS

discontinued by date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	15	0	0	0	15
Automated Drug Delivery System (ADD(APD))	3	0	0	0	3
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	2	0	0	0	2
Clinics Government Owned (CLE)	11	0	0	0	11
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	22	0	0	0	22
Pharmacy (PHY) Chain	9	0	0	0	9
Pharmacy Government Owned (PHE)	1	0	0	0	1
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	0	0	0	3
Sterile Compounding (LSC)	12	0	0	0	12
Sterile Compounding Government Owned (LSE)	5	0	0	0	5
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	4	0	0	0	4
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	2	0	0	0	2
Total	76	0	0	0	76

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	581	0	0	0	581
Designated Representatives Vet (EXV)	16	0	0	0	16
Designated Representatives-3PL (DRL)	94	0	0	0	94
Designated Representatives-Reverse Distributor (DRR)	1	0	0	0	1
Designated Paramedic (DPM)	2	0	0	0	2
Pharmacist (RPH)	6,119	0	0	0	6,119
Advanced Practice Pharmacist (APH)	112	0	0	0	112
Pharmacy Technician (TCH)	7,511	0	0	0	7,511
Total	14,436	0	0	0	14,436

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	148	0	0	0	148
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	3	0	0	0	3
Clinics (CLN)	403	0	0	0	403
Clinics Government Owned (CLE)	7	0	0	0	7
Drug Room (DRM)	3	0	0	0	3
Drug Room Government Owned (DRE)	1	0	0	0	1
Hospitals (HSP)	74	0	0	0	74
Hospitals Government Owned (HPE)	39	0	0	0	39
Hospital Satellite Sterile Compounding (SCP)	2	0	0	0	2
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	76	0	0	0	76
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	2	0	0	0	2
Outsourcing Facility Nonresident (NSF)	2	0	0	0	2
Pharmacy (PHY)	1,205	0	0	0	1,205
Pharmacy Government Owned (PHE)	25	0	0	0	25
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	81	0	0	0	81
Sterile Compounding (LSC)	138	0	0	0	138
Sterile Compounding Government Owned (LSE)	65	0	0	0	65
Sterile Compounding Nonresident (NSC)	9	0	0	0	9
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	10	0	0	0	10
Third-Party Logistics Providers Nonresident (NPL)	33	0	0	0	33
Veterinary Food-Animal Drug Retailer (VET)	3	0	0	0	3
Wholesalers (WLS)	138	0	0	0	138
Wholesalers Government Owned (WLE)	1	0	0	0	1
Wholesalers Nonresident (OSD)	200	0	0	0	200
Total	2,670	0	0	0	2,670

CURRENT LICENSES - Data reflects number of licenses at the end of the quarter.

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	2,879			
Designated Representatives Vet (EXV)	57			
Designated Representatives-3PL (DRL)	402			
Designated Representatives-Reverse Distributor (DRR)	7			
Designated Paramedic (DPM)	30			
Intern Pharmacist (INT)	6,257			
Pharmacist (RPH)	49,081			
Advanced Practice Pharmacist (APH)	912			
Pharmacy Technician (TCH)	68,382			
Total	128,007	0	0	0

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	879			
Automated Drug Delivery System (ADD(APD))	62			
Automated Drug Delivery System EMS (ADE)	1			
Automated Patient Dispensing System 340B Clinic (ADC)	0			
Centralized Hospital Packaging Government Owned (CHE)	2			
Centralized Hospital Packaging (CHP)	8			
Clinics (CLN)	1,326			
Clinics Government Owned (CLE)	912			
Drug Room (DRM)	23			
Drug Room Government Owned (DRE)	10			
Hospitals (HSP)	396			
Hospitals Government Owned (HPE)	78			
Hospital Satellite Sterile Compounding (SCP)	4			
Hospital Satellite Sterile Compounding Government Owned (SCE)	2			
Hypodermic Needle and Syringes (HYP)	302			
Correctional Pharmacy (LCF)	59			
Outsourcing Facility (OSF)	4			
Outsourcing Facility Nonresident (NSF)	25			
Pharmacy (PHY)	6,369			
Pharmacy Government Owned (PHE)	138			
Remote Dispensing Pharmacy (PHR)	2			
Pharmacy Nonresident (NRP)	612			
Sterile Compounding (LSC)	744			
Sterile Compounding Government Owned (LSE)	107			
Sterile Compounding Nonresident (NSC)	63			
Surplus Medication Collection Distribution Intermediary (SME)	1			
Third-Party Logistics Providers (TPL)	38			
Third-Party Logistics Providers Nonresident (NPL)	106			
Veterinary Food-Animal Drug Retailer (VET)	20			
Wholesalers (WLS)	550			
Wholesalers Government Owned (WLE)	13			
Wholesalers Nonresident (OSD)	845			
Total	12,822	0	0	0
Total Population of Licenses	140,829	0	0	0