



# INSPECTOR, BOARD OF PHARMACY

## DEPARTMENTAL – OPEN EXAMINATION

### STATEWIDE

### CONTINUOUS FILING



[www.dca.ca.gov](http://www.dca.ca.gov)

The State of California and DCA is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

It is an objective of the State of California to achieve a drug-free work place. The use of illegal drugs is against state and federal laws, rules governing civil service and violates the special trust placed in public servants. Applicants for state employment are expected to be drug-free.

**WHO MAY APPLY** Applicants who meet the minimum qualifications stated in this announcement and who have not taken the examination in the last 12 months may apply for this examination.

**HOW TO APPLY** Please submit a **State Application (STD 678)** and the **Supplemental Application** to the address indicated below. **DO NOT SUBMIT APPLICATIONS TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CALHR).** The State and Supplemental Applications **are available by clicking on the following links:**

**WHERE TO APPLY**

- **The State Examination Application (Std. 678)**
- **Supplemental Application**

Submit both the State Application (STD 678) and Supplemental Application by Mail or Hand Deliver to:  
Department of Consumer Affairs  
Attn: Selection Services (T. Sheryl)  
1625 North Market Blvd., Ste. N321  
Sacramento, CA 95834

**REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION**

All applicants must meet the education and/or experience requirements for this examination on the date they complete and submit their application(s) noted above.

**NOTE:** All applications must include: “to” and “from” dates (month/day/year); time base for all work experience. **Applications received without this information may be rejected.** Resumes will not be accepted in lieu of a completed State Application, Form STD 678.

Qualifying experience may be combined on a proportionate basis if the requirements stated below include more than one pattern and are distinguished as “Either” I, “or” II, etc. For example, candidates possessing qualifying experience amounting to 50% of the required time of Pattern I, and additional experience amounting to 50% of the required time for Pattern II, may be admitted to an examination as meeting 100% of the overall experience requirements.

**CONTINUOUS FILING** **Continuous Filing Exam** – Applications are accepted on a continuous basis. Examinations will be scheduled as needs warrant.

**SALARY RANGE** \$6120 - \$8030 per month  
\*Pay Differential for Pharmaceutical Consultant Pay of \$2000.00 per pay period.

**POSITION DESCRIPTION**

Under general direction, to make inspections and investigations in connection with the enforcement of the provisions of the laws regulating the practice of pharmacy; to provide consultation and education to licensees, governmental agencies and others regarding a variety of laws and regulations related to drugs and the practice of pharmacy; and to do other related work.

**POSITIONS EXIST STATEWIDE**

**DEFINITION OF TERMS IN MINIMUM QUALIFICATIONS**

**LICENSE:** Requirements of pharmacist licensure in California are listed in the California Business and Professions Code Section 4200(a)(1-6). Applicants must provide proof of valid certificate (Business Name, License #.). Applicants who do not provide this information **will be rejected from the examination.**

The Inspector **must have and maintain a current**, valid California pharmacist license and possess and maintain a California driver's license.

**MINIMUM QUALIFICATIONS**

**LICENSE:** Possession of a valid certificate of registration as a licentiate in pharmacy issued by the State Board of Pharmacy.

**AND**

**DRIVERS LICENSE:** Possession of a valid California driver's license of the appropriate class issued by the Department of Motor Vehicles. Applicants who do not possess the license will be admitted to the examination, but must secure the license prior to appointment.

**AND**

**SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

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|   | <b>EXPERIENCE:</b> Two years of experience in the practice of pharmacy, including contact with the public.   |
| <b>SPECIAL PERSONAL CHARACTERISTICS</b> | Tact and keenness of observation.  |
| <b>BACKGROUND INVESTIGATION</b>         | A background check for prior convictions is required before appointment to this position, pursuant to Title 11, Section 703 (b) California Code of Regulations that requires that criminal record checks be obtained of all personnel who have access to Criminal Offender Record Information.   |
| <b>EXAMINATION INFORMATION</b>          | <b>Training and Education - Weighted 100%</b><br>The examination will consist of a Training and Experience Questionnaire and is the sole component of the Inspector, Board of Pharmacy examination. To obtain a position on the eligible list, a minimum score of 70% must be received.  |
| <b>EXAMINATION SCOPE</b>                | <b>Knowledge of:</b> <ol style="list-style-type: none"><li>1. Provisions of various State laws and regulations.</li><li>2. Uniform Controlled Substance Act.</li><li>3. Pharmacy Law.</li><li>4. Sherman Food, Drug and Cosmetic Act and Medi-Cal regulations.</li><li>5. Federal laws and regulations.</li><li>6. Controlled Substance Act; Food, Drug and Cosmetic Laws.</li><li>7. Regulations of the Consumer Product Safety Commission pertaining to drugs.</li><li>8. U.S. Postal regulations regarding mailing of controlled substances and laws governing use of radioactive materials for medicinal purposes; pharmacy supplies, equipment, and practices.</li><li>9. Modern methods of investigation.</li><li>10. Common methods used to evade pharmacy laws; and rules of evidence, laws of arrest, and general</li><li>11. Court procedure.</li></ol> <b>Skill to:</b> <ol style="list-style-type: none"><li>1. Making investigations.</li></ol> <b>Ability to:</b> <ol style="list-style-type: none"><li>1. Interpret interrelationships of such laws and regulations, and provide expert consultation to licensees and others.</li><li>2. Prepare clear and comprehensive reports.</li><li>3. Speak before groups.</li><li>4. Work cooperatively with representatives of other State and Federal agencies and with local governmental officials.</li></ol> |
| <b>ELIGIBLE LIST INFORMATION</b>        | An open merged list will be established for the Department of Consumer Affairs. Names of successful candidates will be added to the existing eligible list in order of final scores regardless of test date. Eligibility expires 12 months after it has been established.<br><b>Note:</b> Transfer of list eligibility is not permitted from a list established by a T&E examination to a list established by any other type of examination.   |
| <b>VETERANS PREFERENCE</b>              | Veteran's preference credits will be added to the final score of those competitors who are successful in this examination and who qualify for and have requested these points THROUGH California Department of Human Resources (CalHR). Veterans who have achieved permanent civil service status are not eligible to receive veterans' credits.   |
| <b>QUESTIONS?</b>                       | Contact the Department of Consumer Affairs, Selection Services & Recruitment Unit, 1625 N. Market Street, Suite N 321, Sacramento, CA 95834, (916) 574-8370.<br><b>Telecommunications Device for the Deaf (TDD) number is (916) 322-1700 or 1 (800) 735-2929.</b>  |

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**GENERAL INFORMATION**

The Department of Consumer Affairs reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service laws and rules and all competitors will be notified.

It is the candidate's responsibility to contact the Department of Consumer Affairs' Selection Services Unit at (916) 574-8370 three weeks after the final file date if a progress note is not received.

Applications are available at local Employment Development Department offices, the Department of Consumer Affairs and at [www.jobs.ca.gov](http://www.jobs.ca.gov).

If you meet the requirements stated on the reverse, you may take this examination. Possession of the entrance requirement does not assure a place on the eligible list. Your performance in the examination described on this bulletin will be compared against predetermined rating criteria. All candidates who pass will be ranked according to their scores.

**Employment Lists:** Employment lists are established by competitive examination and are used in the following order, regardless of list date: 1) subdivisional promotional, 2) departmental promotional, 3) multidepartmental promotional, 4) servicewide promotional, 5) departmental open, and 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on the bulletin.

**General Qualifications:** Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others. Competitors must be in a state of health consistent with the ability to perform the essential functions of the duties assigned to the class. A medical examination may be required. In open examinations, investigation of employment records, personal history, and fingerprinting may be required.

**Veterans Preference:** Government Code Section 18973.5(a) defines an entrance examination for purposes of awarding veterans preference credits as any open competitive examination.

# ACKNOWLEDGEMENT FORM

**INSPECTOR, BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
SUPPLEMENTAL APPLICATION QUESTIONNAIRE**

Name \_\_\_\_\_  
(Please Print)

Phone: (home) \_\_\_\_\_  
  
(work) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Pharmacy License #: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_

Completion of this form is a necessary part of the selection process and must be submitted **along** with the State application (Std. 678) to:

Department of Consumer Affairs,  
Selection Services Unit, Attn: F. Tucker  
1625 North Market Blvd., Suite N-321  
Sacramento, CA 95834.

**CANDIDATES WHO DO NOT COMPLETE THIS SUPPLEMENTAL APPLICATION WILL BE ELIMINATED FROM THE SELECTION PROCESS.**

The purpose of this supplemental application is to obtain enough job-related information to determine the qualified competitors.

Be sure to answer all questions completely and accurately. OMITTED INFORMATION CANNOT BE CONSIDERED OR ASSUMED. All experience noted must be verifiable with the contact information note on the Supplemental Application.

I certify and acknowledge that the information provided is accurate and complete to the best of my knowledge. I understand that any falsification may cancel any terms, conditions, or privileges of employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

# **PART I**

## **EXPERIENCE**

Use the codes (1, 2, 3, 4, 5) number(s) from this form to indicate where your experience was acquired under each item in Part II.

1. Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor who can verify information? \_\_\_\_\_

2. Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor who can verify information? \_\_\_\_\_

3. Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor who can verify information? \_\_\_\_\_

4. Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor who can verify information? \_\_\_\_\_

5. Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor who can verify information? \_\_\_\_\_

**PART II**

PLACE A CHECK MARK NEXT TO NUMBER OF YEARS OF EXPERIENCE. PLACE THE CODE NUMBER(S) FROM PART I ON THE CODE LINE PROVIDED.

Provide the number of years experience performing the following:

**A. Interpreting State and Federal laws and regulations regarding drugs in the practice of pharmacy.**

2 years \_\_\_\_\_  
3 – 4 years \_\_\_\_\_  
5 or more years \_\_\_\_\_

CODE: \_\_\_\_\_

Use the codes (1, 2, 3, 4, 5) from part I of this form to indicate where your experience was acquired.

**B. Providing consultation of State and Federal laws and regulations regarding drugs in the practice of pharmacy.**

2 years \_\_\_\_\_  
3 – 4 years \_\_\_\_\_  
5 or more years \_\_\_\_\_

CODE: \_\_\_\_\_

Use the codes (1, 2, 3, 4, 5) from part I of this form to indicate where your experience was acquired.

**C. Guiding pharmacists in establishing procedures and records required by law.**

2 years \_\_\_\_\_  
3 – 4 years \_\_\_\_\_  
5 or more years \_\_\_\_\_

CODE: \_\_\_\_\_

Use the codes (1, 2, 3, 4, 5) from part I of this form to indicate where your experience was acquired.

**D. Evaluation of pharmaceutical operations to determine compliance with pharmaceutical law.**

2 years \_\_\_\_\_  
3 – 4 years \_\_\_\_\_  
5 or more years \_\_\_\_\_

CODE: \_\_\_\_\_

Use the codes (1, 2, 3, 4, 5) from part I of this form to indicate where your experience was acquired.

DEPARTMENT OF CONSUMER AFFAIRS  
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SUPPLEMENTAL APPLICATION

**E. Preparing clear and comprehensive reports related to pharmacy issues.**

- 2 years \_\_\_\_\_
- 3 – 4 years \_\_\_\_\_
- 5 or more years \_\_\_\_\_

CODE: \_\_\_\_\_

Use the codes (1, 2, 3, 4, 5) from part I of this form to indicate where your experience was acquired.

**F. Speak or conduct presentations before groups/professional associates and/or consumer related to pharmacy issues.**

- 2 years \_\_\_\_\_
- 3 – 4 years \_\_\_\_\_
- 5 or more years \_\_\_\_\_

CODE: \_\_\_\_\_

Use the codes (1, 2, 3, 4, 5) from part I of this form to indicate where your experience was acquired.

**G. Work cooperatively with representatives of other State and Federal agencies and with local governmental officials.**

- 2 years \_\_\_\_\_
- 3 – 4 years \_\_\_\_\_
- 5 or more years \_\_\_\_\_

CODE: \_\_\_\_\_

Use the codes (1, 2, 3, 4, 5) from part I of this form to indicate where your experience was acquired.