

IOWA BOARD OF PHARMACY

APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION RENEWAL

PLEASE TYPE OR PRINT IN INK. Change as necessary.

1. CURRENT REGISTRATION EXPIRES:

Registration No.:

REGISTRATION FEE: \$40.00

If not renewed prior to expiration,
add penalty fee of \$40.00

2. NAME, RESIDENCE/MAILING ADDRESS:

If not renewed one month following
expiration, add penalty fee of \$50.00

If not renewed two months following
expiration, add penalty fee of \$60.00

If not renewed three months following
expiration, add penalty fee of \$70.00

3. IOWA COUNTY OF RESIDENCE: _____

Remit check or money order payable to:

IOWA BOARD OF PHARMACY

4. HOME TELEPHONE NO.: (_____) _____

DO NOT SEND CASH!

E-MAIL ADDRESS: (optional) _____

5. SOCIAL SECURITY NO.: _____

6. DATE OF BIRTH: _____

7. Do you currently have any physical or mental condition that in any way impairs or limits your ability to perform the duties of a pharmacy technician with reasonable skill and safety or have you ever used any drugs, alcohol, or other chemical substances that in any way impair or limit your ability to perform the duties of a pharmacy technician with reasonable skill and safety?

YES NO If you responded 'yes,' please provide a detailed explanation on a separate sheet.

8. Have you ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (*other than minor traffic violations with fines under \$100*)?

YES NO If you responded 'yes,' please provide a detailed explanation on a separate sheet.

9. Have you ever had a health profession license or registration (*pharmacy technician, pharmacist, nurse, physician, etc.*) issued in Iowa or another state suspended, revoked, or disciplined?

YES NO If you responded 'yes,' please provide a detailed explanation on a separate sheet.

10. CURRENT EMPLOYMENT:

Indicate ALL Iowa pharmacies where you are CURRENTLY employed as a pharmacy technician. Please include the Iowa license number for each pharmacy, the month and year you began employment as a pharmacy technician, and the average number of hours worked (as a pharmacy technician) each week.

PHARMACY NAME, ADDRESS, CITY	PHARMACY LIC.#	DATE HIRED	HOURS/WEEK

11. Are you currently a Nationally Certified Pharmacy Technician? YES NO

If "yes," please attach a copy of your current national certification.

What was the original date of national certification? _____

If "no," are you pursuing national certification? YES _____ NO
 (anticipated certification date)

**** NATIONAL CERTIFICATION IS REQUIRED BY JULY 1, 2010, unless extended as provided in affidavit. ****

12. EDUCATIONAL BACKGROUND:

Circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 High School Graduate or Equivalent (GED)? Yes No

* Name and location of schools or training BEYOND high school	Dates Attended		Field of Study	Degree Obtained
	MM/YY	MM/YY		

* **Note:** If education history has not changed since previous application, indicate "No Change" and do not complete the education history beyond high school section.

13. EMPLOYMENT EXPERIENCE:

List your employment experience for the past two years, starting with the most recent. Do not include current employment that you have already listed in Item 10 on the reverse.

BUSINESS/COMPANY NAME	POSITION TITLE	COMPANY ADDRESS	CITY, STATE, ZIP	DATES EMPLOYED

REMIT TO: IOWA BOARD OF PHARMACY
 400 S.W. EIGHTH STREET, SUITE E
 DES MOINES, IA 50309-4688
 PHONE: (515) 281-5944

Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §§252J.8(1) and 261.126(1) (2007), and Iowa Code §272D.8(1) (Supp. 2008). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18 (2007).

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against my pharmacy technician registration.

**SIGN
HERE** 

 Signature of Pharmacy Technician

 Date

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND
 WILL BE RETURNED TO THE APPLICANT**