

# IOWA BOARD OF PHARMACY

400 S.W. Eighth Street, Suite E

Des Moines, IA 50309-4688

515/281-5944 Voice

Website: [www.state.ia.us/ibpe](http://www.state.ia.us/ibpe)

515/281-4609 Fax

## ORDER FORM – COMPUTER DATA FILES

**Computer data files** including information regarding persons or businesses currently licensed or registered by the Iowa Board of Pharmacy are available in the formats below. Each file is prepared based on your specifications. Please identify your preferences in each numbered section.

### I. *Format (please choose one):*

\_\_\_\_\_ Microsoft Excel  
\_\_\_\_\_ Text file – fixed-width fields  
\_\_\_\_\_ Text file – delimited (*choose one preferred delimiter to separate fields*)  
\_\_\_\_\_ Comma \_\_\_\_\_ Tab \_\_\_\_\_ Semi-colon \_\_\_\_\_ Space

### II. *Delivery options (please choose one):*

\_\_\_\_\_ CD-ROM by U.S. Mail (*will be delivered to name & address indicated below*)  
\_\_\_\_\_ E-mail to: \_\_\_\_\_

### III. *Data (please indicate all data requested; mark ONE field "S" to indicate sort/order field):*

\_\_\_\_\_ Licensed pharmacists \_\_\_\_\_ Active lic \_\_\_\_\_ Inactive lic  
(*"Active" are qualified to practice in IA; "Inactive" have not met CE requirements for IA practice*)  
\_\_\_\_\_ Iowa-residents only \_\_\_\_\_ All, regardless of residence  
\_\_\_\_\_ Name (*Last First Middle*) \_\_\_\_\_ Address  
\_\_\_\_\_ County (*Iowa-residents only*) \_\_\_\_\_ Lic # \_\_\_\_\_ Original lic date  
\_\_\_\_\_ License expiration date \_\_\_\_\_ College of pharmacy  
\_\_\_\_\_ Licensed pharmacies \_\_\_\_\_ Located in Iowa \_\_\_\_\_ Outside Iowa  
\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone  
\_\_\_\_\_ Fax # \_\_\_\_\_ County (*Iowa locations only*)  
\_\_\_\_\_ Lic # \_\_\_\_\_ Lic expiration date \_\_\_\_\_ Pharmacist in Charge  
\_\_\_\_\_ Registered pharmacist-interns  
\_\_\_\_\_ Name (*Last First Middle*) \_\_\_\_\_ Home/Permanent Address  
\_\_\_\_\_ College of pharmacy \_\_\_\_\_ School Address  
\_\_\_\_\_ County (*Iowa address only*) \_\_\_\_\_ Registration # \_\_\_\_\_ Registration date  
\_\_\_\_\_ Registered pharmacy technicians  
\_\_\_\_\_ Name (*Last First Middle*) \_\_\_\_\_ Address  
\_\_\_\_\_ County (*Iowa addresses only*) \_\_\_\_\_ Registration # \_\_\_\_\_ Expiration date  
\_\_\_\_\_ Licensed drug wholesalers \_\_\_\_\_ Located in Iowa \_\_\_\_\_ Outside Iowa  
\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone  
\_\_\_\_\_ Fax # \_\_\_\_\_ County (*Iowa locations only*)  
\_\_\_\_\_ Lic # \_\_\_\_\_ Lic expiration date \_\_\_\_\_ Responsible person  
\_\_\_\_\_ Controlled Substances Act Registrants  
\_\_\_\_\_ Prescribers \_\_\_\_\_ Manufacturers/Distributors/Importers/Exporters  
\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Registration#  
\_\_\_\_\_ Reg expiration date \_\_\_\_\_ Registration Type

The cost for each data file prepared based on the specifications included on this order form is \$20. An additional shipping/handling/material charge of \$5 is assessed for each file provided on diskette. Please contact Terry at 515/281-5944 or via E-mail at [terry.witkowski@ibpe.state.ia.us](mailto:terry.witkowski@ibpe.state.ia.us) if you have any questions.

Please indicate name, address, and **telephone number** below. *Please type or print clearly.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_ (*Payable to: Iowa Board of Pharmacy*)