

IOWA PHARMACY INTERNET SITE REGISTRATION APPLICATION

Please type or print clearly. Make changes as necessary.

1] APPLICATION FOR: New Renewal Change _____
(please specify)

(Pharmacy Board use)
IOWA PHARMACY INTERNET SITE REGISTRATION NO.: _____
EXPIRATION DATE: _____

REGISTRATION FEE: \$135.00
Renewal after 12/31 expiration: **\$270.00** fee
Renewal after 1/31 after expiration: **\$360.00** fee
Renewal after 2/28 after expiration: **\$450.00** fee
Renewal after 3/31 after expiration: **\$540.00** fee

2] NAME & MAILING ADDRESS (where all correspondence regarding this registration will be sent)

Name _____
Address _____

City,State,Zip _____

Remit check or money order payable to:
IOWA BOARD OF PHARMACY

(DO NOT SEND CASH)

Iowa County _____

3] COMMON SEARCHABLE NAME OF INTERNET SITE

4] DOMAIN NAME, INCLUDING DOT EXTENSION, OF INTERNET SITE

5] IP NUMBER OF INTERNET SITE

6] TELEPHONE NO. (_____) _____

7] BUSINESS FAX (_____) _____

8] PRIMARY CONTACT PERSON FOR INTERNET SITE

Name: _____

Title: _____

9] E-MAIL ADDRESS _____

10] OWNERSHIP

10a] TYPE OF OWNERSHIP OR OPERATION

Sole Proprietorship Partnership Corporation Other _____
(please specify)

10b] OWNER(S) OF INTERNET SITE 1) If a person: the name and address of the person; 2) if a partnership: the name of each partner and the name and address of the partnership; 3) if a corporation: the name and title of each corporate officer and director, the corporate names, name and address of the parent company, if any, and the State of incorporation; 4) if a sole proprietorship: the name of the sole proprietor and the name and address of the business entity. Attach additional sheets if necessary.

11] Have any of the applicant(s) and/or manager(s) in charge had: 1) any convictions relating to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension or revocation of licensure for the manufacture or distribution of drugs by federal, state, or local laws of any license currently or previously held by the applicant(s) or manager(s) in charge in any of the United States? Have any applications for licensure or registration been denied by any federal or state agency? List and explain. Attach additional sheets if necessary.

12] INTERNET PHARMACIES ASSOCIATED WITH INTERNET SITE (attach additional sheets if necessary)

PHARMACY NAME	PHARMACY ADDRESS, CITY, STATE, ZIP CODE	IOWA PHARMACY LICENSE #	PHARMACY TELEPHONE NUMBER	VIPPS VERIFIED

Internet site registration changes. The board shall be notified as provided below within ten days of any of the following:

a. Change of domain name or Internet protocol number. Change of domain name or Internet protocol number requires completion and submission of a new registration application and payment of the registration fee within ten days.

b. Change of ownership. Change of ownership requires completion and submission of a new registration application and payment of the registration fee within ten days. The sale or transfer of all or a portion of the stock of a corporation, or a change of the individual partners comprising a partnership, shall not constitute a change of ownership provided the corporation or partnership that owns the Internet site continues to exist as the owner of the Internet site following the transaction.

c. Discontinuation of the registered pharmacy Internet site. Prior to discontinuation of a registered pharmacy Internet site but no later than 30 days prior to removal of the pharmacy Internet site from public access, written notification shall be provided to the board. The written notice shall include the domain name and the Internet protocol number of the Internet site, the registration number issued by the board to the pharmacy Internet site, the date the Internet site will be removed from Internet access, the reason for discontinuation of the Internet site, the date of the notice, and the signature of the owner or the owner's authorized representative. If discontinuation of the Internet site also involves the sale or closing of a licensed pharmacy, the closing pharmacy shall comply with all requirements of 657—subrule 8.35(7).

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.

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 denial, revocation, or other disciplinary sanctions against this registration or any license or registration granted individually to me by the Iowa Board of Pharmacy.

SIGN HERE 

Signature of Internet Site Owner or Authorized Corporate Officer

Title

Date

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