

# APPLICATION FOR NONRESIDENT IOWA PHARMACY LICENSE

Please type or print clearly in ink. Make changes as necessary.

## 1 APPLICATION FOR:

Renewal  New  Address Chg.  Name Chg.  Ownership Chg.  Pharmacist in Charge Chg.

FOR LICENSE PERIOD:

IOWA PHARMACY LICENSE NO.:

**LICENSE FEE: \$135.00**

## 2 DBA, LEGAL NAME, & LOCATION OF PHARMACY:

Name \_\_\_\_\_

Address \_\_\_\_\_

Remit check or money order payable to:  
IOWA BOARD OF PHARMACY  
**(DO NOT SEND CASH)**

City,State,Zip \_\_\_\_\_

**3 PHARMACY PHONE** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_ **FED.TAX ID:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **DEA NO.:** \_\_\_\_\_

**4 TYPE OF OWNERSHIP:**  Individual  Partnership  Corporation  Other \_\_\_\_\_

## 5 PHARMACIST IN CHARGE:

NAME	LICENSE NO.	HRS WORKED/WEEK	SIGNATURE
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## 6 ATTACH THE FOLLOWING INFORMATION:

- List of the names, titles, and addresses of all principal owners, partners, and officers of the pharmacy.
- List of all staff pharmacists currently employed (*include home state license number and average hours worked per week for each*).
- List of all technicians, pharmacist-interns, and pharmacy support persons currently employed (*include home state license or registration number and average hours worked per week for each*).
- Copy of current license, permit, or registration certificate issued by the home state regulatory authority.
- Most recent inspection report resulting from an inspection conducted by the home state regulatory authority.
- Evidence of correction of any noncompliance noted on the inspection report by the home state.
- A copy of a prescription label that includes the toll-free number for use by Iowa patients.
- A typed description of the prescription drugs and services provided to patients in Iowa.

## 7 CRIMINAL HISTORY:

- Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) been convicted of any crimes (felonies or misdemeanors)? *Exclude traffic violations and alcohol-related offenses classified as misdemeanors.*  
\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, attach explanation.*
- Has the pharmacist in charge been convicted of any crimes (felonies or misdemeanors)? *Exclude traffic violations and alcohol-related offenses classified as misdemeanors.*  
\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, attach explanation.*

## 8 DISCIPLINARY HISTORY: (NOTE: Discipline includes, but is not limited to: citations, reprimands, fines, license restrictions, probation, and license or registration surrender, suspension, and revocation.)

- Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) ever been disciplined by any licensing authority?  
\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, describe the discipline and attach all relevant disciplinary documents.*
- Has the pharmacist in charge ever been disciplined by any licensing authority?  
\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, describe the discipline and attach all relevant disciplinary documents.*

