

**IOWA BOARD OF PHARMACY EXAMINERS**  
**400 SW EIGHTH STREET, SUITE E**  
**DES MOINES, IA 50309-4688**  
**Phone: 515/281-5944**  
**FAX : 515/281-4609**

**INSTRUCTIONS FOR FILING APPLICATION FOR  
EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS  
FOR STUDENTS ENROLLED IN  
HEALTH-RELATED GRADUATE PROGRAMS ONLY**

The Iowa Board of Pharmacy Examiners may, in individual cases, grant exemption from Iowa continuing education requirements to pharmacists who are continuing their formal education in health-related graduate programs. Graduate program enrollment encompassing only a portion of a renewal period will not exempt the pharmacist from the continuing education requirement for the full renewal period but the requirement may be reduced commensurate with the period of enrollment.

**INSTRUCTIONS:**

1. Complete the application on the reverse side. Please type or print all information and be sure to complete all items.
2. The application **must** be filed with the office of the Iowa Board of Pharmacy Examiners at the address above **prior to expiration of your current license to practice pharmacy**. It is recommended that the application be filed as soon as possible following enrollment in the graduate program.
3. Incomplete applications will not be processed and will be returned to the applicant. The completed application **must** be supported by:
  - a) grade transcripts **or** course schedules,

**AND**

  - b) a letter from the dean of the college you are attending certifying the date of enrollment and the anticipated date of completion of the graduate program.

**APPLICATION FOR EXEMPTION FROM  
CONTINUING EDUCATION REQUIREMENTS  
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*Please Type or Print Clearly*

NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

NAME OF UNIVERSITY/COLLEGE \_\_\_\_\_

ADDRESS OF COLLEGE \_\_\_\_\_

TITLE OF GRADUATE PROGRAM \_\_\_\_\_

DATE ENROLLED \_\_\_\_\_ ANTICIPATED COMPLETION DATE \_\_\_\_\_

**BRIEF SUMMARY OF COURSE CONTENT:**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

----- **FOR OFFICE USE ONLY** -----

*Grade Transcript/Course Schedule* \_\_\_\_\_

*Letter from College Dean* \_\_\_\_\_

APPROVED PERIOD \_\_\_\_\_ DENIED \_\_\_\_\_

BOARD REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_