

## TO ALL PHARMACIST-INTERNS

### PLEASE READ CAREFULLY AND RETAIN FOR REFERENCE

**GENERAL INFORMATION:** Please read all application instructions and the laws and rules governing pharmacist-interns before completing your application. The following information is based on 657 I.A.C. Chapter 4, "Pharmacist-Interns."

#### **Who Must Register**

1. Interns acquiring experience in Iowa and going to school in Iowa must be registered.
2. Interns going to school in Iowa and acquiring experience in a state other than Iowa must be registered.
3. Interns attending a school in another state and acquiring experience in Iowa must be registered.

**When to Register:** Every person shall register before beginning their internship, but not before the commencement of the first professional year in a college of pharmacy.

**Form:** The "Certificate of Eligibility" form is to be completed by the College of Pharmacy and submitted to the Iowa Board of Pharmacy office.

**Fee:** \$30 – Upon registration and payment of \$30, interns will be furnished a pharmacist-intern registration card.

**Requirements:** Internship shall consist of a minimum of 1500 hours, all of which may be a college-based clinical program approved or accepted by the Board. A pharmacist-intern may acquire additional hours under the supervision of one or more preceptors in a traditional licensed general or hospital pharmacy, at a rate of no more than 48 hours per week. Credit towards any additional hours will be allowed, at a rate not to exceed 10 hours per week, for an internship served concurrent with academic training and outside a college-based clinical program. "*Concurrent time*" means internship experience acquired while the person is a full-time student carrying, in a given school term, at least 75 percent of the average number of credit hours per term needed to graduate and receive an entry-level degree in pharmacy. Recognized academic holiday periods, such as spring break and winter break, shall not be considered "concurrent time."

**Reports:** Contact Becky Hall at [becky.hall@iowa.gov](mailto:becky.hall@iowa.gov) to request an affidavit. Notarized affidavits of experience in non-college-sponsored programs shall be filed with the board office after the successful completion of the internship. These affidavits shall certify only the number of hours and dates of training obtained outside a college-based clinical program. Credit will not be given for internship experience obtained prior to the individual's registration as a pharmacist-intern.

**Notices:** No more than two interns shall be supervised by a preceptor at one time. All interns shall notify the Board within ten days of change of name, employment, or mailing address.

Rules governing Pharmacist-Intern registration and practice, 657 I.A.C Chapter 4, are available at: <https://pharmacy.iowa.gov>.

**APPLICATION FOR REGISTRATION AS A  
PHARMACIST-INTERN**

(To be completed by pharmacist-intern)

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Permanent address \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip Code*

Address while attending college \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip Code*

College of Pharmacy \_\_\_\_\_

Current Status as a Student (circle which year)    1    2    3    4    5    6

Anticipated date of graduation or date degree granted \_\_\_\_\_

Date internship training will begin \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a misdemeanor or a felony charge?                      Yes [ ]    No [ ]

If yes, provide details separately.

Have you ever been convicted of or pleaded guilty to a drug- or alcohol-related offense?                      Yes [ ]    No [ ]

If yes, provide details separately.

*NOTE: Do not complete the pharmacy name and address information below if you currently do not have a preceptor. When you do have a preceptor and internship site, please notify the Board office.*

Name of Pharmacy \_\_\_\_\_

Address of Pharmacy \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip Code*

I am aware that I cannot legally compound or dispense drugs except when I do so under the immediate and personal supervision of a licensed pharmacist and I understand that I may not be left in charge of a pharmacy.

**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 pharmacist-intern registration.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Registration Fee \$30.00. Remit Check or Money Order Payable to:  
Iowa Board of Pharmacy (DO NOT SEND CASH)**

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, 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).



# STATE OF IOWA

TERRY BRANSTAD  
GOVERNOR  
KIM REYNOLDS  
LT. GOVERNOR

BOARD OF PHARMACY  
ANDREW FUNK, PHARM.D.  
EXECUTIVE DIRECTOR

## CERTIFICATE OF ELIGIBILITY

(To be completed by college of pharmacy)

I certify that \_\_\_\_\_ is registered as a student in the college of pharmacy named below, is enrolled in the first professional year in the college of pharmacy, and is satisfactorily progressing toward completion of academic requirements for a degree in pharmacy. The above-named student is eligible for registration as a Pharmacist-Intern effective \_\_\_\_\_.  
(Date)

Any derogatory information on file? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Title and phone number)

\_\_\_\_\_  
(Name of College)

**School  
Seal**

\_\_\_\_\_  
(Address of College)

\_\_\_\_\_

\_\_\_\_\_  
(Date)

\* Explain or provide copies of any derogatory information on file.