

# 2016 IOWA PHARMACIST LICENSE RENEWAL/REINSTATEMENT APPLICATION

**REMINDER:** Iowa law requires a pharmacist to notify the Board within 10 days of a change of legal name, residence address, or employment.

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

1 License No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**LICENSE FEE: \$180.00 \***

\*Fee for License renewal between  
July 1 & July 31, 2016: \$360.00

\*Fee for License renewal between  
August 1 & August 31, 2016: \$450.00

\*Fee for License renewal between  
September 1 & September 30, 2016: \$540.00

\*Fee for License reinstatement after  
September 30, 2016: \$630.00

2 Name, Address: \_\_\_\_\_

3 Iowa County \_\_\_\_\_

Home Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

Remit check or money order payable to:

IOWA BOARD OF PHARMACY (**DO NOT SEND CASH**)

4 E-mail address: \_\_\_\_\_

5 Degrees in Pharmacy (check all that apply): \_\_\_\_ B.S. \_\_\_\_ Pharm.D. \_\_\_\_ Other (specify) \_\_\_\_\_

6 List all other states in which you are currently licensed to practice pharmacy: \_\_\_\_\_

## **DISCIPLINARY/CRIMINAL HISTORY:**

7 Since initial licensure in Iowa or another state, has your license in any state been disciplined? *Discipline includes, but is not limited to, citations, reprimands, fines, license restrictions, probation, license surrender, suspension, or revocation.* If yes, provide a written explanation of the discipline on a separate sheet. Provide copies of documentation from the licensing authority regarding the discipline unless complete documentation has previously been provided to this Board.

\_\_\_\_ yes \_\_\_\_ no When \_\_\_\_\_

8 Since your last license renewal application, have you been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime, other than a minor traffic offense, in any jurisdiction? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of the conviction. For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon. Driving under the influence or driving while impaired is not a minor traffic offense and must be reported. If yes, provide a written explanation of the charge and the final outcome on a separate sheet. Provide copies of court documents related to each incident unless complete documentation has previously been provided to this Board.

\_\_\_\_ yes \_\_\_\_ no When \_\_\_\_\_

## **CONTINUING EDUCATION:**

**C.E. RENEWAL PERIOD: April 1, 2014, through June 30, 2016**

9 Are you a **resident of AND** are you currently **licensed to practice pharmacy** in another state that requires continuing education for pharmacist licensure? \_\_\_\_ yes \_\_\_\_ no If yes, State \_\_\_\_\_ License Expiration Date \_\_\_\_\_  
**(If yes, indicate the state and license expiration date. Out of state licensure and residence combine to satisfy Iowa's CE requirements UNLESS you are practicing pharmacy in Iowa. If you qualify under this provision, skip to Item 12.)**

10 Is this your first license renewal following Iowa licensure by examination? \_\_\_\_ yes \_\_\_\_ no

If **yes**, you are **EXEMPT** from Iowa's continuing education requirement for **THIS RENEWAL ONLY** – skip to Item 12.

*(You will be required to complete continuing education, as indicated in Item 11, on your next Iowa license renewal.)*

11 **ACCREDITED/APPROVED CONTINUING EDUCATION ACTIVITIES ATTENDED OR COMPLETED.**

**I hereby certify, by initialing following this statement, that I have completed the required 30 contact hours (3.0 CEUs) of continuing education as provided by Board rules at 657—2.12 OR that I have completed a CPD portfolio as provided by Board rules at 657—2.17. I further certify that none of the credits relied on for this license renewal have previously been used for Iowa license renewal and that all credits relied on for this license renewal were obtained during the 27-month C.E. renewal period identified above. \_\_\_\_\_ (initial)**

*If you have not completed a total of at least 30 contact hours of CE (including a minimum of 15 hours in ACPE-provider activities dealing with drug therapy, 2 hours in ACPE-provider activities in pharmacy law, and 2 hours in activities dealing with patient or medication safety), OR have not met the CE requirements of another state in which you currently reside and are licensed to practice pharmacy, OR have not been granted an exemption from CE requirements, OR have not completed and submitted a continuing professional development portfolio pursuant to rule 657—2.17, you will be issued an INACTIVE license.*

**AN INACTIVE LICENSEE MAY NOT PRACTICE PHARMACY IN IOWA.**

**ADDITIONAL QUESTIONS:**

- 12 Do you currently have a medical condition which in any way impairs or limits your ability to practice pharmacy with reasonable skill and safety?    \_\_\_ yes    \_\_\_ no
- 13 Does your current use of alcohol, drugs, or other chemical substances in any way impair or limit your ability to practice pharmacy with reasonable skill and safety?    \_\_\_ yes    \_\_\_ no
- 14 Are you currently engaged in the illegal or improper use of drugs or other chemical substances?    \_\_\_ yes    \_\_\_ no
- 15 If you answered "yes" to any of the above questions numbered 12, 13, or 14, attach a complete explanation.

**CURRENT PRACTICE/EMPLOYMENT:**

16 Principal place of employment.

Business Name \_\_\_\_\_

Address \_\_\_\_\_

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

(a) Nature of pharmacy practice (if any) at this location (check one):

- \_\_\_ Community                      \_\_\_ Mail Order/Managed Care                      \_\_\_ Hospital
- \_\_\_ Long-Term Care                      \_\_\_ Home Health Care                      \_\_\_ Nuclear
- \_\_\_ Correctional Facility                      \_\_\_ Wholesale/Distribution                      \_\_\_ Manufacture
- \_\_\_ Education                      \_\_\_ Government                      \_\_\_ Consultant
- \_\_\_ Other (specify) \_\_\_\_\_

(b) If primary employment is not in pharmacy or related practice, please indicate employment status (check one):

- \_\_\_ Unemployed but Not Retired    \_\_\_ Retired    \_\_\_ Engaged in Other Practice (specify) \_\_\_\_\_

17 Are you currently practicing pharmacy in Iowa?    \_\_\_ yes    \_\_\_ no    If yes, complete (a), (b), and (c) below.

(a) Iowa Pharmacy License Number of primary practice site: \_\_\_\_\_

(b) Nature of pharmacy employment in Iowa (check all that apply):

- \_\_\_ Proprietor/Sole Owner                      \_\_\_ Partner                      \_\_\_ Employee Manager (PIC, Director, Supervisor)
- \_\_\_ Employee Pharmacist (Staff, Clinical)                      \_\_\_ Retired, Occasional Relief Work (Approx. hrs/year) \_\_\_\_\_

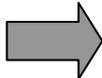
(c) Hours worked per week in pharmacy in Iowa. (Estimate the average number of hours spent each week in each of these practices. The sum of the hours should equal the total hours you typically work each week in pharmacy in Iowa.)

- \_\_\_ Independent Community Pharmacy                      \_\_\_ Chain Pharmacy                      \_\_\_ Long-Term Care Pharmacy
- \_\_\_ Mail Order/Managed Care Pharmacy                      \_\_\_ Hospital Pharmacy                      \_\_\_ Home Health Care Pharmacy
- \_\_\_ Industry (Wholesale, Manufacture, etc)                      \_\_\_ Nuclear Pharmacy                      \_\_\_ Phcy-related Consultant
- \_\_\_ Correctional Facility Pharmacy                      \_\_\_ Compounding Pharmacy
- \_\_\_ Other Phcy-related(Education, Government, Association, etc)

**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 revocation or other disciplinary sanctions against my license. I also understand that if my license is not renewed to active status prior to expiration, it is illegal to continue to practice pharmacy in Iowa.

**SIGN HERE** 

\_\_\_\_\_  
Signature of Licensed Pharmacist

\_\_\_\_\_  
Date

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

Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code §§ 252J.8(1), 261.126(1), and 272D.8(1) (2015). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18 (2015).