

RESIDENT AND NONRESIDENT PHARMACY APPLICATION INSTRUCTIONS

- Complete the attached Iowa Board of Pharmacy application for Pharmacy License. Be sure to check the box for the relevant application type (New, Name Change, PIC Change, Ownership Change, or Relocation).
- Failure to submit a complete application, including the required attachments, may constitute grounds for revocation or other disciplinary sanctions against the license and will delay the processing of your application.
- All application fees are non-refundable.
- **Submit the completed application, including the instruction check lists, all attachments, and a check in the appropriate amount made payable to the Iowa Board of Pharmacy to:**

Iowa Board of Pharmacy, 400 SW 8th St, Ste E, Des Moines, IA 50309-4688

- **Nonresident Pharmacies Only:**
- **New Applicants**—the inspection requirements identified in rule 657—19.2 must be satisfied prior to submitting an application for licensure.
 - **Toll-free telephone number** - the pharmacy's toll free telephone number is required to allow patients to speak with a pharmacist who has access to patient records at least six days per week for a total of at least forty hours.
- **Effective January 1, 2018**, every nonresident pharmacy that delivers controlled substances into Iowa is required to have an Iowa Controlled Substance Act (CSA) registration. If you do not currently have an Iowa CSA registration, and you deliver controlled substances to patients located in Iowa, you must apply for one by checking the box in section 2G and including an additional \$90 non-refundable CSA registration application fee.
- Nonresident pharmacies are required to report to the Iowa Prescription Monitoring Program (PMP) all prescriptions for Schedule II, III, and IV controlled substances dispensed to patients located in Iowa, including submission of zero reports. Please be aware of the reporting requirements described in chapter 657—Iowa Administrative Code Chapter 37 of the Board's rules and the Iowa Data Reporting Manual.

PHARMACY LICENSE APPLICATION FEE (\$135.00) Please check all that apply		
New Application <input type="checkbox"/>	Name Change <input type="checkbox"/>	Relocation <input type="checkbox"/>
PIC Change <input type="checkbox"/>	Ownership Change <input type="checkbox"/>	
ADDITIONAL REGISTRATION FEES		
PIC registration fee \$75.00 <input type="checkbox"/>	CSA registration fee \$90.00 <input type="checkbox"/>	

APPLICATION CHECKLIST	
RESIDENT AND NONRESIDENT PHARMACY	
Proof of Accreditations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of DEA Registration	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of All Licenses / Permits / Registrations in Other States	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copies of any FDA 483s, Warnings Letters, and Responses	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of Disciplinary Actions by Licensing Authorities and Documentation of Final Disciplinary Orders	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of Final Denial Orders by Licensing Authorities and Documentation of Final Denial Orders	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of Each Criminal Conviction and Court Records of the Conviction(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
RESIDENT PHARMACY ONLY	
Names, titles, and license/registration numbers for all pharmacists, technicians, and pharmacy support persons currently employed.	<input type="checkbox"/> YES <input type="checkbox"/> NO
NONRESIDENT PHARMACY ONLY	
Copy of PIC License issued by Applicant's Home State	<input type="checkbox"/> YES <input type="checkbox"/> NO
Copy of Home State License / Permit / Registration	<input type="checkbox"/> YES <input type="checkbox"/> NO
Most Recent Inspection Report as specified in Iowa Code 155A.13A(1)(c)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Copy of Label Showing Toll-Free Phone Number	<input type="checkbox"/> YES <input type="checkbox"/> NO
PIC Registration	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of Government-issued Photo ID	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Pages to List All Licenses in Other States	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Additional Pages to List All Current Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of Disciplinary Actions by Licensing Authorities and Documentation of Final Disciplinary Orders	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of Final Denial Orders by Licensing Authorities and Documentation of Final Denial Orders	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List of Each Criminal Conviction and Court Records of the Conviction(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Certificate of Completion for Required Training Module	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Iowa Board of Pharmacy

400 S.W. 8th St. Ste. E
 Des Moines, IA 50309-4688
 515-281-5944
<https://pharmacy.iowa.gov/>



APPLICATION FOR RESIDENT AND NONRESIDENT LICENSE

Please type or print legibly in ink. Complete all application sections and sign. **Incomplete or illegible forms will delay the issuance of your license and registrations.**

1. APPLICANT INFORMATION			
A. Basic Information			
Name of Applicant: <i>(Name in which pharmacy is doing business)</i>			
Iowa License Number:			
Legal Name of Pharmacy			
Federal Tax ID #:			
Pharmacy's NABP e-Profile ID:			
Name of Pharmacist in Charge (PIC):			
Iowa PIC License or Registration Number:			
Nonresident Pharmacy Only - If PIC does not hold a current Iowa pharmacist license they are required to be registered with the Board.			
New PIC Registration: <i>(Check box if you wish to apply and complete Attachment 1)</i>		\$75 Registration Fee Included:	

B. Pharmacy Address <i>(Physical location of pharmacy)</i>			
Street Address:			Suite #:
City:	State:	Zip Code:	
Telephone #:	Fax #:		
Website:	Emergency Phone:		
Email Address:			

C. Pharmacy Ownership			
Owner Name:			
Owner Address			
Owner Phone Number		Email	

Type of Ownership:		
Sole Proprietorship	Partnership	C Corporation
S Corporation	LLC	Government
Date Established:		
State of Incorporation (if applicable):		

2. FACILITY OPERATIONS

A. Hours of Pharmacy Operation

Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

B. Type of Pharmacy Services (*check all that apply*)

General Dispensing		Central Rx Processing	
Hospital		Mail Order	
Central Rx Filling		Home Infusion	
Care Facility Consulting		Emergency Drug Kits	
Unit Dose		Home Health/DME	
OTC Pseudoephedrine Sales		Exempt CV Dispensing	
Prepackaging		EMS	
Collaborative Practice Agreements (CPA)		CPA Explanation	
Technician Product Verification		Prescription Delivery/Mail-outs/Mail Order	
Medication Therapy Management		Statewide Protocol-Naloxone	
Statewide Protocol-Immunization		Statewide Protocol-Nicotine Replacement	
CLIA-Waved Testing		Compliance Packaging/MedPaks	
Noncontrolled Substance Collector		DEA-registered Controlled Substances Collector	
Other (please explain):			

C. Populations Served	
Human	
Veterinary-companion animals	
Veterinary-food producing animals	
Number of prescriptions dispensed into Iowa last year: <i>Nonresident pharmacies only</i>	

D. Compounding (<i>check all that apply</i>)		
Sterile High-Risk	Sterile Medium-Risk	Sterile Low-Risk
Sterile Immediate Use	Sterile Hazardous Drugs	Sterile Anticipatory
Sterile Shipping out of state	Sterile for patients in other facilities	Sterile Number of Facilities
Number of sterile compounded preparations dispensed in Iowa last year:		
Non Sterile Complex	Non Sterile Moderate	Non Sterile Simple
Non Sterile Anticipatory	Non Sterile Hazardous Drugs	Prescriber Office Use
Pursuant to Patient Specific Rx		
Number of non-sterile compounded preparations dispensed in Iowa last year:		

E. Pharmacy Accreditations (<i>attach proof of any accreditations</i>)			
VIPPS	ACHC	JCAHO	Other:
VPP	PCAB	DMEPOS	None

3. FDA INFORMATION	
Since your last renewal, has the pharmacy been inspected by the FDA:	Yes No
If yes, date of most recent FDA inspection:	
Since your last renewal, has the FDA issued a 483 or a Warning Letter: <i>(attach the FDA's documentation and your response to the FDA)</i>	Yes No
Are you registered with the FDA as a 503(b) outsourcing facility?	Yes No

6. DISCIPLINARY ACTIONS (new applicants must disclose all disciplinary actions described below)		
A. Since your last application, has the pharmacy, any owner, or employee been disciplined by any licensing authority? Discipline includes, but is not limited to, citations, reprimands, fines, and license/registration restrictions, probation, suspension, revocation, or surrender.		
	YES	NO
B. Include a separate sheet listing all disciplinary actions by any licensing authority and include documentation of any final disciplinary orders issued if not previously provided to this Board.		
Attachment included:	YES	NO
C. Since your last application, has the pharmacy, any owner, or employee been denied a license by any licensing authority?		
	YES	NO
D. Include a separate sheet listing all final denial orders by any licensing authority and include documentation of any final denial orders issued if not previously provided to this Board.		
Attachment included:	YES	NO
E. Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?		
	YES	NO
F. Include an explanation for any pending investigations, complaints, or charges.		
Attachment included:	YES	NO

7. CRIMINAL HISTORY (new applicants must provide a complete history)		
A. Since your last application, has the Applicant, any owner, or employee been convicted of or entered a plea of guilty, nolo contendere, or no contest to any crime related to prescription drugs, controlled substances, healthcare, or the practice of pharmacy 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 conviction.		
	YES	NO
B. Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s) if not previously provided to this Board.		
Attachment included:	YES	NO

8. SIGNATURE	
I hereby swear or affirm 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 my license.	
Signature of Applicant or Designated Representative:	
Date:	
Printed Name and Title:	

NONRESIDENT PHARMACY ONLY:

1. Home State Pharmacy License Information (attach a copy of home state license, permit, or registration)	
State:	
License Number:	
Original Date Issued:	
Expiration Date:	

2. Registered Agent (Registered agent must be registered with Iowa Secretary of State)			
Name:			
Street Address:		Suite #:	
City:		State:	Zip Code:

3. INSPECTION INFORMATION (attach most recent inspection report which must comply with IAC 657-19.2 which dictates specific inspection requirements)	
Most Recent Inspection Performed by:	
Date of Most Recent Inspection:	
Date of Most Recent Inspection by Home State Licensing Authority:	

4. Toll-free telephone number (attach copy of label showing number):					
Toll-free telephone number:					
List Monday-Sunday hours of operation of toll-free telephone number:					
The pharmacy's toll free telephone number allow patients to speak with a pharmacist who has access to patient records at least six days per week for a total of at least forty hours.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Yes</td> <td style="text-align: center; width: 50%;">No</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>(if no, your pharmacy does not qualify for licensure in Iowa)</i></td> </tr> </table>	Yes	No	<i>(if no, your pharmacy does not qualify for licensure in Iowa)</i>	
Yes	No				
<i>(if no, your pharmacy does not qualify for licensure in Iowa)</i>					

APPLICATION FOR PHARMACIST IN CHARGE REGISTRATION

Attachment 1

Please type or print legibly in ink. Complete all application sections and sign. **Incomplete forms will delay the issuance of your registration.** Pharmacist in Charge registration is not required if the Pharmacist in Charge is currently licensed to practice pharmacy in Iowa.

1. IDENTIFICATION <i>(attach copy of government-issued photo identification)</i>					
First Name:		Middle Name:			
Last Name:					
Previous Name(s):					
Street Address:					
City :		State:		Zip:	
Date of Birth:		SSN:			
Primary Phone:		NABP e-Profile ID:			
Email Address:					

2. LICENSE INFORMATION <i>(List all states where you are licensed as a pharmacist, attach additional pages if necessary)</i>		
State	License Number	Active
		YES NO

3. EMPLOYMENT <i>(List all current employment, attach additional pages if necessary)</i>		
Name of pharmacy	State and license number of pharmacy	Do you serve as PIC?
		YES NO
		YES NO

4. DISCIPLINARY ACTIONS (new applicants must disclose all disciplinary actions described below)		
A. Since your last application have you been disciplined by any licensing authority? Discipline includes, but is not limited to, citations, reprimands, fines, and license/registration restrictions, probation, suspension, revocation, or surrender.		
	YES	NO
B. Include a separate sheet listing all disciplinary actions by any licensing authority and include documentation of any final disciplinary orders issued if not previously provided to this Board.		
Attachment included:	YES	NO
C. Since your last application have you been denied a license by any licensing authority?		
	YES	NO
D. Include a separate sheet listing all final denial orders by any licensing authority and include documentation of any final denial orders issued if not previously provided to this Board.		
Attachment included:	YES	NO

5. CRIMINAL HISTORY (new applicants must provide a complete history)		
A. Since your last application have you been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime related to prescription drugs, controlled substances, healthcare, or the practice of pharmacy, 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 conviction. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.)		
	YES	NO
B. Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s) not previously provided to this Board.		
Attachment included:	YES	NO

6. PERSONAL ATTESTATIONS	
Initial each statement to indicate your understanding and agreement to abide by applicable federal and Iowa laws governing the practice of pharmacy:	
_____	I have reviewed the Applicant's Nonresident Pharmacy License application and it is complete and accurate to the best of my knowledge.
_____	I am currently the pharmacist in charge of the Applicant's pharmacy.
_____	I will notify the Iowa Board of Pharmacy if/when I no longer serve as pharmacist in charge of the Applicant's pharmacy.
_____	I understand Iowa's laws and rules governing nonresident pharmacies.
_____	I have completed the required training module for registered pharmacists in charge. Attached is my certificate of completion.

7. SIGNATURE

By signing this application, I solemnly swear or affirm under the penalty of perjury that the contents of this section of the application are true to the best of my knowledge, information, and belief. I understand that the Iowa pharmacist in charge registration issued pursuant to this application may be revoked if any assertion made in this application is found to be false.

Name:	
Signature:	
Date:	

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), 261.126(1), and 272D.8(1). 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 registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.