IOWA CERTIFIED TECHNICIAN REGISTRATION INSTRUCTIONS

400 SW 8th St. Suite E
Des Moines, IA 50309
515-281-5944

Complete the attached Iowa Board of Pharmacy's certified technician registration application. When completing this application, please be advised of the following:

- All sections of the application must be completed. **Incomplete applications will delay the issuance of your registration.** Unsigned applications will be returned.
- Registrations are issued administratively following review of a completed application and all required documentation, unless the application warrants referral to the Board, or unless a personal appearance is required.
- Applications are valid for only 45 days from the date of receipt. You will be notified by email if additional information is required. If the application has not been completed within 45 days, a new application and fee will have to be submitted if you wish to obtain an Iowa technician registration.
- Failure to answer all questions completely or accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently registered by the Board. If you are in doubt, answer "yes" and provide an explanation.

Disclosure of Medical Conditions, Criminal History, and Disciplinary Action

Be advised that the application for technician registration asks about any medical conditions you have that might impair your ability to perform delegated technical functions. The Board also considers any prior criminal history and disciplinary actions when issuing technician registrations. As part of the application process you will be asked questions about prior criminal history and disciplinary actions.

If you have any questions concerning these requirements, please notify the Board office. If any of these situations pertain to you, there may be delays at the time of registration. We suggest you contact the Board office for information as to what documentation may be necessary for registration. Contacting the Board office about any of these situations may avoid unnecessary delays at the time of registration.

Definitions (Important! Read these definitions before completing the medical condition questions.)

"Ability to perform required technician-related tasks with reasonable skill and safety" means ALL of the following:

- The cognitive capacity to use pharmacy systems to obtain necessary patient and prescription related information to process prescriptions
- The ability to effectively communicate information to pharmacists, providers, other technicians, pharmacy support persons, and patients
- The ability to perform required tasks such as filling prescriptions, stocking medications, replenishing pharmacy supplies, and other tasks as determined by the pharmacist on duty

"Medical condition" means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

"Chemical substances" means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and perform the duties required of a technician, or has adversely affected the ability to function and

perform the duties required of a technician within the past two (2) years.

"Improper use of drugs or other chemical substances" means ANY of the following:

- The use of any controlled drug, legend drug, or other chemical substances for any purpose other than as directed by a licensed health care practitioner; and
- The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

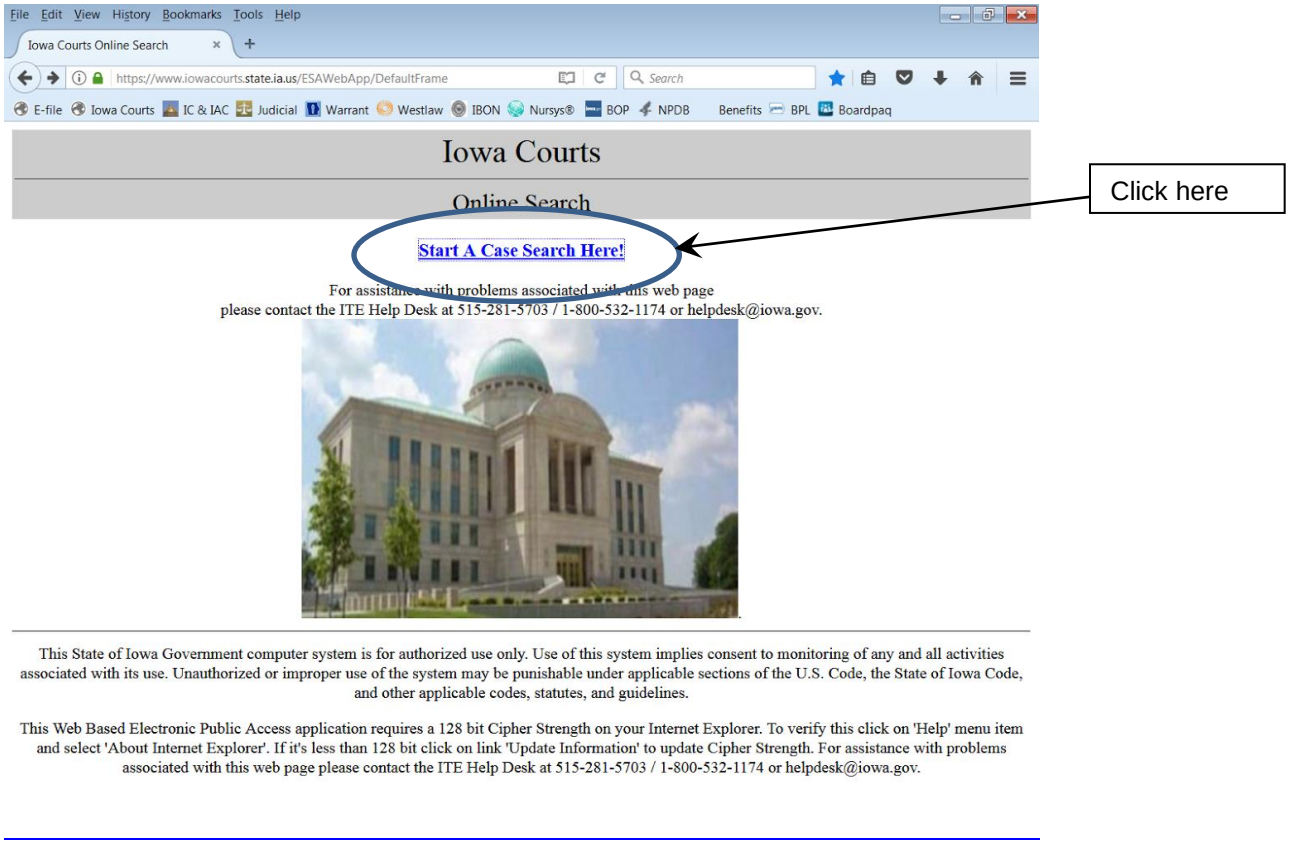
"Illegal use of drugs or other chemical substances" means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

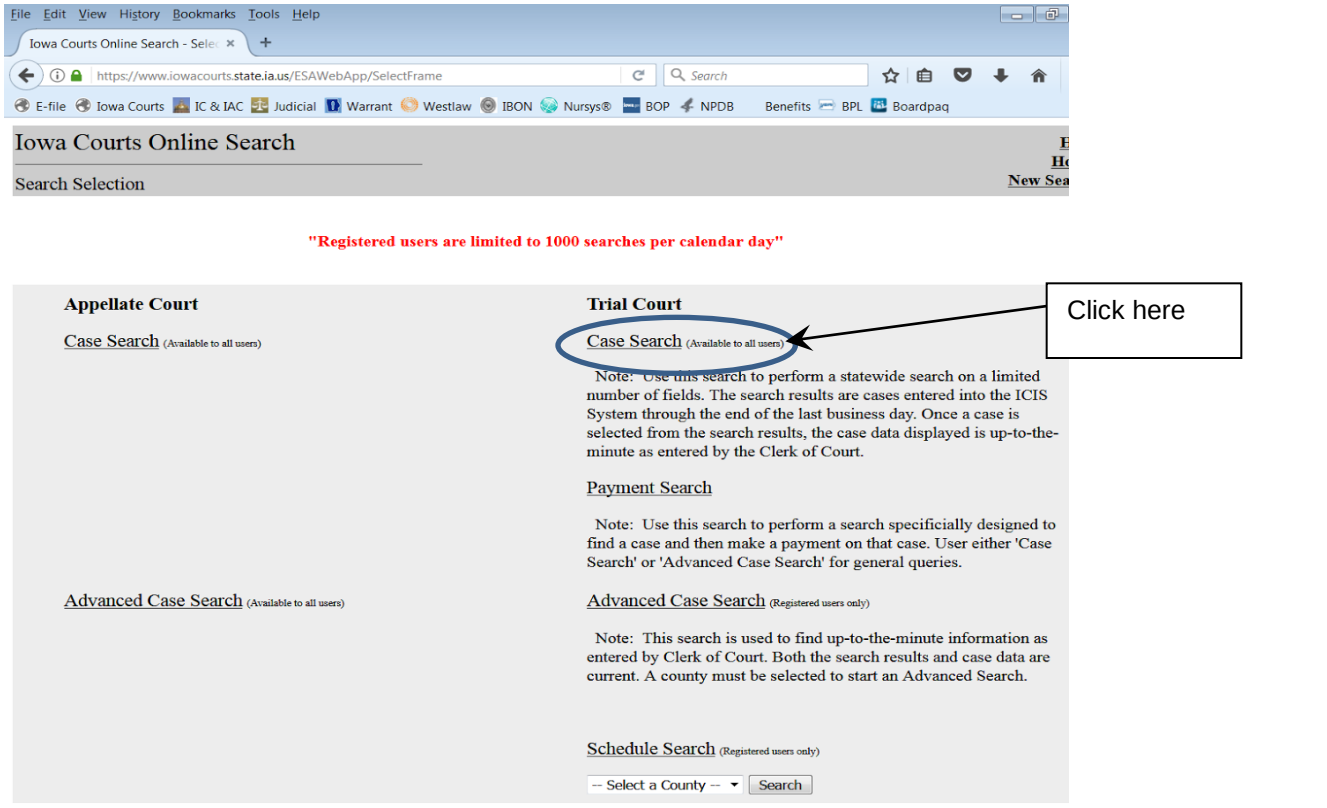
For anyone submitting an application:

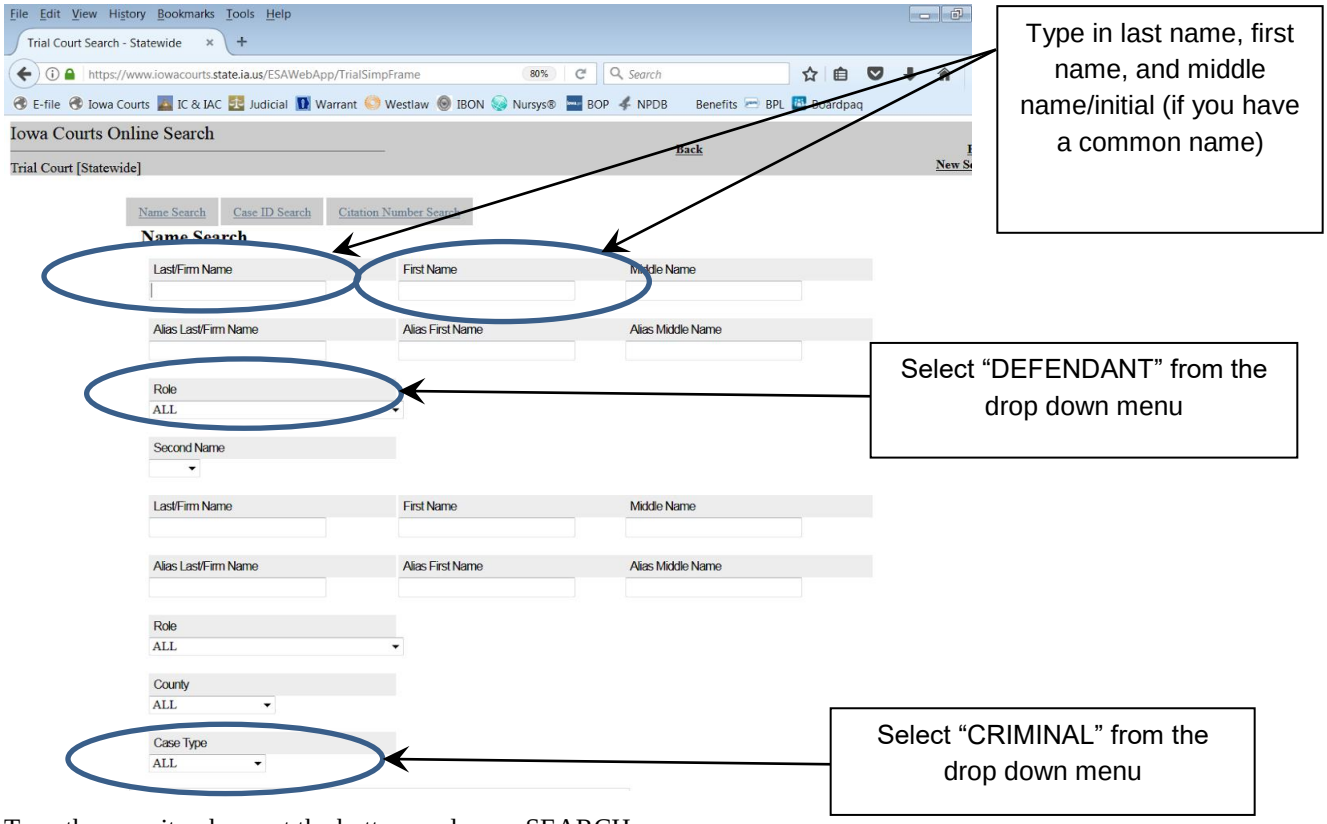
You are **strongly encouraged** to perform a background check on yourself or to have your employer perform one prior to submitting your application. Below are instructions on how to search for convictions on Iowa Courts Online. Keep in mind that this database only shows Iowa state court convictions. These instructions are not intended to provide a comprehensive criminal history background check, but rather a quick way for you to refresh your memory as to any Iowa state court convictions.

You must disclose all convictions, regardless of where they occurred. Failure to disclose a criminal conviction could result in delays in processing your application or in your application being denied.

To search Iowa Courts Online, go to: https://www.iowacourts.state.ia.us

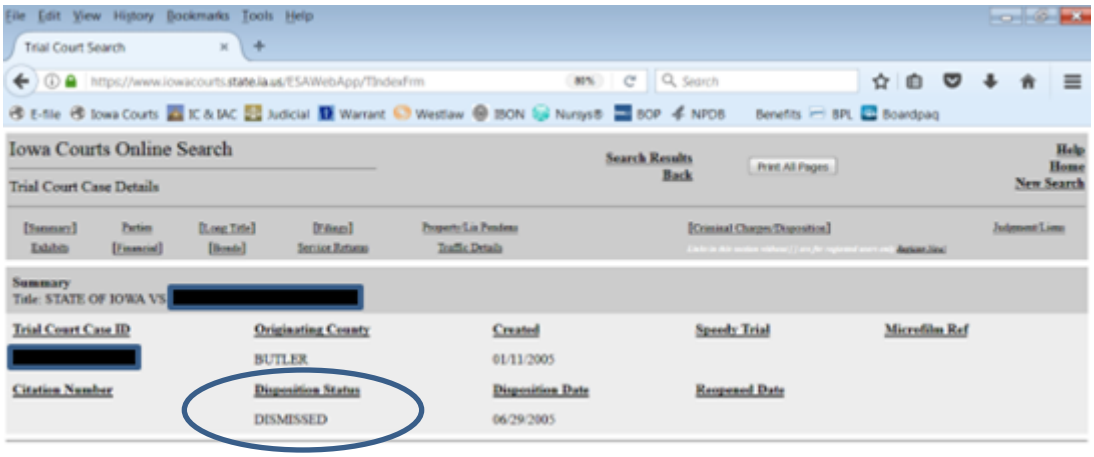






Type the security phrase at the bottom and press SEARCH.

On the results page, identify ALL cases that pertain to you. **<u>You must disclose ALL cases that pertain to you unless the case was dismissed.</u>** Verify that the word "DISMISSED" appears under the disposition status on the first screen when you click on the case. See example below. **<u>If you are unsure of whether or not to disclose something, then you should disclose it.</u>**



Initial Application Fees – DO NOT SEND CASH		
Applications postmarked within 30 days of the date of hire in the pharmacy as a CPhT	Initial Application Fee	$40.00
Applications postmarked more than 30 days from date of hire in the pharmacy as a CPhT	Initial Application Fee and Penalty	$80.00

Renewal Application Fees – DO NOT SEND CASH		
Applications postmarked prior to expiration of registration	Renewal Fee	$40.00
Applications postmarked in the first month after expiration of registration	Renewal and Penalty Fee	$80.00
Applications postmarked in the second month after expiration of registration	Renewal and Penalty Fee	$90.00
Applications postmarked three months after expiration or registration	Renewal and Penalty Fee	$100.00
Applications postmarked four or more months after expiration or registration	Renewal and Penalty Fee	$110.00

Application and penalty fees are non-refundable administrative fees.

- A copy of legal identification supporting your full legal name (driver's license, government issued ID, etc.).
- A copy of your current national certified pharmacy technician certificate (PTCB or NHA).
- A description and documentation of the conviction for any criminal history disclosed. ***Renewals: only convictions from the time of your last renewal are required to be reported.***
- A description and documentation of the final disciplinary order for any disciplinary history disclosed. ***Renewals: only discipline from the time of your last renewal need to be reported.***
- A description and documentation of the final denial orders by a licensing authority. ***Renewals: only any final denial order from the time of your last renewal is required to be reported.***
- A description of any medical condition reportable by the requirements of section 8. ***Renewals: only any medical conditions from the time of your last renewal are required to be reported.***
    - A Verification of Medical Condition form is required to be completed and submitted by your treating physician(s). The form is available on our website at pharmacy.iowa.gov.

Submit the completed application with all attachments and a check or money order addressed to the Iowa Board of Pharmacy in the appropriate amount to: **Iowa Board of Pharmacy, 400 SW 8th St. Ste. E, Des Moines, IA 50309**

IOWA BOARD OF PHARMACY

APPLICATION FOR TECHNICIAN REGISTRATION

400 SW 8th St Suite E, Des Moines, IA 50309

Please type or print legibly in ink. Complete all application sections and sign. **Incomplete or illegible forms will delay the issuance of your registration. Refer to the application instructions for fees due.**

Required Documents:

- ☐ **Copy of legal identification supporting your full legal name**
- ☐ **Copy of your current national technician certificate (PTCB or NHA)**
- ☐ **Criminal or disciplinary history documents, as applicable**

- ☐ **Active Duty Military**
- ☐ **Veteran**
- ☐ **Spouse of Active Duty Military**

Purpose: ☐ New ☐ Renewal Registration #:_____

1. REGISTRANT INFORMATION: *(All fields are required)*					
Full Legal Name *(last, first, middle)*:					
Date of Birth:		**SSN:**		**Gender:**	☐ Male ☐ Female
Previous/Other Name(s) Used:					
Street Address:					
Address:					
City:		**State:**		**Zip Code:**	
County:		**Email Address (*required*):**			
Telephone No. (*required*):	☐ Home ☐ Mobile If mobile, do you accept text messages ☐ Yes ☐ No				
NABP e-profile ID:	*If you do not have an NABP e-profile number, you may create one by going to nabp.pharmacy*				

2. CURRENT EMPLOYMENT: **<u>Indicate the Iowa license number for each pharmacy where you are currently employed</u> as a certified technician (CPhT) or will be performing the functions requiring a CPhT and the exact date of hire as a CPhT.**					
Pharmacy Name:				**Pharmacy License No.:**	
Street Address:					
City:		**State:**		**Zip Code:**	
PIC Name:		**PIC Email:**			
Date hired in pharmacy as a CPhT:		**Initial date of hire at the pharmacy, if different than date of hire as a CPhT:**			

If not currently working in an Iowa pharmacy you must indicate your activity:

Academia ☐	Other-Pharmacy Related ☐	Unemployed ☐	Non-pharmacy profession/employment ☐

3. **PREVIOUS EMPLOYMENT** List your employment experience for the past two years, starting with the most recent. Do not include current employment which you have already listed above.			
Business/company name and address	**Position title**	**Start date**	**End date**

4. **LICENSE/REGISTRATION INFORMATION:** List all states in which you are or have ever held a professional license/registration.				
State	**License/registration type**	**License no.**	**Date issued**	**Status**

5. **NATIONAL CERTIFICATION:** *(You must include a* copy of your current national certified pharmacy technician certificate (PTCB or NHA))					
Certification Type (PTCB or NHA)	**Certification #**	**Status**	**Original Date**	**Effective Date**	**Expiry Date**

6. **CRIMINAL HISTORY:** ***Renewals: only convictions from the time of your last renewal are required to be reported.***

Have you ever 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 disclose 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**

If you answered yes, you must provide a signed and dated list of conviction(s), explanation(s) of charges, and attach court records of the conviction(s). Submitting print outs from Iowa Courts Online is not sufficient information.

7. **DISCIPLINARY HISTORY:** *includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation.* ***Renewals: only discipline or final denial orders from the time of last renewal are required to be reported.*** **If you answer yes to any of the questions below provide a description and attach final disciplinary orders.**

Have you ever been disciplined by any licensing authority? ☐ **YES** ☐ **NO**

Do you have any charges, or knowledge of any complaints or investigations, pending before any licensing authority? ☐ **YES** ☐ **NO**

Have you ever been denied a license or registration by any licensing authority? ☐ **YES** ☐ **NO**

8. MEDICAL CONDITION: *means any physiological, mental or psychological condition, impairment, or disorder, including drug addiction and alcoholism.* **Definitions (Important! Read the definitions provided in the application instructions before completing the medical condition questions.)**

a. Do you currently have a mental condition that in any way impairs or limits your ability to perform the duties of a technician with reasonable skill and safety? ☐ **YES** ☐ **NO**

b. Are you currently engaged in the illegal or improper use of drugs or other chemical substances? ☐ **YES** ☐ **NO**

c. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to perform the duties of a technician with reasonable skill and safety? ☐ **YES** ☐ **NO**

d. If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? ☐ **YES** ☐ **NO**

e. If YES to any of the above, does your field of work, the setting, or the manner in which you perform the duties of a technician, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? ☐ **YES** ☐ **NO**

If you answered yes to any of the above questions, on a separate sheet of paper provide a signed and dated explanation and submit the "Verification of Medical Condition" form which is to be completed by your treating physician(s). The form is available on our website at pharmacy.iowa.gov

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 denial, revocation, or other disciplinary sanctions against my technician registration. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

9. REQUIRED SIGNATURES:

Signature of Applicant/Registrant: _____ 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(l), 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.

A registration to practice as a technician is subject to periodic renewal. Check your registration certificate for the expiration date. It is your responsibility to timely renew the registration and to report any change of name, address, or employment status within 10 days of a change.

Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.