



Iowa Pharmacist Licensure by Examination Application

Complete the Iowa Board of Pharmacy Application for Licensure by Examination according to the directions and submit it, along with a fee of \$297. This fee includes the following:

- \$252 Application Fee (This fee includes \$180 for a license for the balance of the current license period)
- \$45 Criminal Background Check Fee

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 license.** Unsigned applications will be returned.
- 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 in doubt, answer “yes” and provide an explanation.

Eligibility Requirements

1. Each applicant must furnish proof of graduation from a recognized college of pharmacy. A “Certification of Education” form is enclosed. It is to be completed by the Dean of the College of Pharmacy.
2. Proof of 1500 hours of internship must be filed with the Iowa Board. If your internship was obtained in a state other than Iowa, you must submit certification from the board in the state in which you obtained the 1500 hours.
3. The Application for Licensure by Examination must be accompanied by one photo of a quality at least similar to a passport photograph taken within the last six months.
4. Submit the completed application with all attachments and a check or money order made payable to the Iowa Board of Pharmacy in the amount of **\$297** to:

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

All application fees are non-refundable

5. Once a completed application is received, a fingerprint packet will be sent to the mailing address indicated on the application. The fingerprint packet is to be completed and returned to the Board for processing. (In order to make the background check an efficient process - Please make sure the address you provide on your application is current; where you regularly receive and check the mail).

Registration for the North American Pharmacist Licensure Examination (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination (MPJE®)

Apply online for the NAPLEX, MPJE, and NAPLEX Score Transfer on the Association’s Web site at <https://nabp.pharmacy/>, using the Internet-based registration form and credit card payment fee process.

NAPLEX/MPJE Registration Bulletin

The *NAPLEX/MPJE Registration Bulletin* is available in a PDF format on the National Association of Boards of Pharmacy's Web site, <https://nabp.pharmacy/>. A hard-copy version of the *Bulletin* is no longer published. The electronic *Bulletin*'s active links allow candidates to move quickly and easily to different sections throughout the document.

Application for Licensure Requirements

The licensure exam consists of two components: North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE). To be eligible for a license by examination, the candidate must pass both components within a period of one year beginning with the date the candidate passed an initial component.

Candidates who fail either component two times shall not be permitted to sit for that component again until the Board has approved the candidate's written application. Those candidates are encouraged to obtain additional training prior to reapplication and retesting.

Foreign Pharmacy Graduates

Graduates from colleges of pharmacy in foreign countries must furnish a copy of a certificate obtained from the Foreign Pharmacy Graduate Examination Commission which states that they have successfully passed the Foreign Pharmacy Graduate Equivalency Examination (FPGEE) and the Test of English as a Foreign Language (TOEFL) Internet-Based Test (iBT).

Disclosure of Medical Conditions, Criminal History, and Disciplinary Action

Be advised that the application for pharmacist license renewal asks about any medical conditions you have that might impair your ability to perform the duties of a pharmacist. The Board also considers recent criminal history and disciplinary actions when renewing the license. As part of the application process you will be asked questions about any recent criminal history and disciplinary actions.

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

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

"Ability to perform required pharmacist 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 other pharmacists, interns, providers, technicians, pharmacy support persons, and patients
- The ability to perform required tasks such as filling prescriptions, counseling patients, performing drug utilization reviews and other professional pharmacy services

"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 pharmacist, or has adversely affected the ability to function and perform the duties required of a pharmacist 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.

Application fees are non-refundable administrative fees.

Submit the completed application with all attachments and a check or money order made payable 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

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

Iowa Board of Pharmacy

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



Active Duty Military
Veteran
Spouse of Veteran

Pharmacist Licensure by Examination Application

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

LICENSEE INFORMATION									
Full Legal Name:	(Last)	(First)	(Middle)						
Date of Birth:	SSN:	Gender:	Male	Female					
NABP e-profile ID:	Previous/Other Name(s) Used:								
PRIMARY ADDRESS:									
Street Address:									
Address:									
City:	State:	Zip Code:							
County:	Email Address (required):								
Telephone No. (required):	<input type="checkbox"/> Home <input type="checkbox"/> Mobile If mobile, do you accept text messages		Yes	No					
MAILING ADDRESS: (if other than primary address):									
Address:	Suite #:								
Address:									
City:	State:	Zip Code:							

COLLEGE OF PHARMACY									
Name of College:									
Street Address:									
City:	State:	Zip Code:							
Degree Received	B.S. in Pharmacy	Pharm.D.	Date Received:						

INTERNSHIP									
Pharmacy Name:	Pharmacy License No.:								
Street Address:	Suite #:								
City:	State:	Zip Code:							
Telephone No.:	Pharmacy Email:								
Date From:	Date To:	Total hours of practical internship completed:							

RESIDENCY			
Residency PGY1			
Institution Name:		Location:	
PGY1 Program:			
Residency PGY2			
Institution Name:		Location:	
PGY2 Program:			
Residency PGY1 & PGY2 Combined Program			
Institution Name:		Location:	
PGY 1&2 Program:			

CURRENT EMPLOYMENT <i>(If currently employed in a pharmacy indicate the information for each pharmacy where you are currently employed)</i>			
Pharmacy Name:		Pharmacy License No.:	
Street Address:		Suite #:	
City:		State:	
		Zip Code:	
Telephone No.:		Date of Hire:	

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

Academia <input type="checkbox"/>	Other-Pharmacy Related <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Non-pharmacy profession/employment <input type="checkbox"/>
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LICENSE INFORMATION <i>(List all states in which you are currently licensed to practice pharmacy)</i>				
STATE:	LICENSE NO.:	DATE ISSUED:	EXPIRATION DATE:	STATUS:

BOARD CERTIFICATIONS (BPS)					
Certification Type:	Certification #:	Status:	Original Date:	Effective Date:	Expiry Date:

CRIMINAL HISTORY <i>(If you answer yes, you must list all convictions below, attach additional pages if necessary. On a separate sheet of paper provide a signed and dated explanation and attach court records of the conviction(s))</i>	
Have you been convicted, found guilty of, or entered a plea of guilty or no contest to a criminal offense, including actions that resulted in a deferred or expunged judgment (but excluding minor traffic offenses)?	
	YES NO
Do you currently have any criminal charges pending against you in any jurisdiction?	
	YES NO

DISCIPLINARY HISTORY (includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation. 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

MEDICAL CONDITION (If you answer yes to any of the questions below, on a separate sheet of paper provide a signed and dated explanation.)		
Do you currently have a medical condition that in any way impairs or limits your ability to perform the duties of a pharmacist with reasonable skill and safety?	YES	NO
Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	YES	NO
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 pharmacist with reasonable skill and safety?	YES	NO
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
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 pharmacist, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	YES	NO

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

REQUIRED SIGNATURE:

Signature of Applicant: _____ Date: _____

Privacy Act Notice: Disclosure of your Social Security number on this 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 licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

<p>Reminder: Iowa law requires a pharmacist to notify the Board within 10 days of a change of legal name, residence address, or employment.</p>
