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

Resident and Nonresident Pharmacy Temporary PIC Change Notification

Complete the notification form for a temporary PIC change.

Temporary Pharmacist in charge – If a permanent PIC has not been identified by the time of the vacancy, a temporary PIC must be identified. The identification of a temporary PIC does not require the submission of a completed application and fee. Notification identifying the temporary PIC, on forms provided by the Board, must be submitted to the Board within ten days of the vacancy. Notification can be submitted via email to Byron.stover@iowa.gov. The pharmacy must identify a permanent PIC within 90 days of the original vacancy and must submit a completed application and fee, including for CSA registration, if applicable, within ten days of the appointment of a permanent PIC. **Nonresident Pharmacies –** The temporary PIC is not required to be registered.

The information provided below will also be updated on the pharmacy's CSA registration, if applicable, until a permanent PIC is identified. The pharmacy may need to modify the pharmacy's DEA. If modification is necessary, the temporary PIC can visit deadiversion.usdoj.gov and select "Make Changes to My DEA Registration" in the green Registration Support box.

Updated license and registration certificates are available through the pharmacy's Online Profile Portal at pharmacy.iowa.gov. Please note, the temporary PIC for a nonresident pharmacy may not appear on the certificate if they are not a licensed pharmacist or registered PIC in Iowa.

1. LICENSEE INFORMATION			
A. Name of Licensee: *(Name in which pharmacy is doing business)*			
Iowa License Number:		**Federal Tax ID #:**	
Iowa CSA Number, if applicable:			
Name of Temporary Pharmacist in Charge (PIC):			
Iowa Pharmacist License or PIC Registration Number (if applicable):		**Start Date as Temporary PIC:**	

B. Pharmacy Address: *(physical location of pharmacy)*					
Street Address:				**Suite #:**	
Address:					
City:		**State:**		**Zip Code:**	

The phone number must be a direct number to the pharmacy

Telephone #:		**Landline ☐ Cell Phone# ☐** **If cell, will you accept text messages? ☐Y ☐N**
Alternate Phone#:		**Landline ☐ Cell Phone# ☐** **If cell, will you accept text messages? ☐Y ☐N**

The email address must be a direct email to the pharmacy or PIC

Email Address:		**Fax #:**	

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2. TEMPORARY PIC IDENTIFICATION *(only required if PIC is not licensed/registered with the Iowa Board of Pharmacy)*

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:			

3. PIC HISTORY

Previous Permanent PIC Name:	**Iowa License/Registration #:**	**Date of Vacancy:**

Effective Date of Temporary PIC:		**Anticipated Date of New Permanent PIC:**	
Was an inventory of all controlled substances taken?	☐ **YES** ☐ **NO** ☐ **N/A**		

4. SIGNATURES

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:	
Printed Name and Title:	
Date:	

I hereby swear or affirm under penalty of perjury that I am the responsible party for the licensee indicated above. I attest that I understand Iowa's laws and rules governing the licensee and agree to abide by applicable governing federal and Iowa laws. I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against the license or registration.

Signature of Temporary Pharmacist in Charge:	
Printed Name:	
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 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.