



Iowa Board of Pharmacy

400 SW 8th Street, Suite E
 Des Moines, IA 50309-4688
 515-281-5944
<https://pharmacy.iowa.gov/>

Application for Funding:
**PMP Integration
 into Electronic Health Records
 and Pharmacy Dispensing Systems**

Completed forms must be sent via email to mitchell.barnett@iowa.gov

HEALTHCARE ENTITY INFORMATION – Which best describes your business?:		
Hospital ___	Pharmacy ___	Surgery Center ___
Health System ___	Clinic Office ___	Other ___
Business Name:		
Address:		City:
State:	Zip:	Phone Number:
Hospital, Clinic Office (or Physician’s Office), Health System applicants list the approximate number of active Iowa licensed prescribers on staff:		
Pharmacy applicants list the average daily volume of controlled substance prescriptions filled:		
Estimated Integration Total Cost: \$ _____ Requested Amount: \$ _____		

PROJECT CONTACT PERSON INFORMATION		
Name:		Title:
Phone-Main:	Phone-Cell:	Email:

IT CONTACT		
IT In-House/On Staff	Yes	No
Name:		Title:
Phone-Main:	Phone-Cell:	Email:

SOFTWARE VENDOR INFORMATION		
Software Vendor Name:	Software Version:	Install Type: On-Site Cloud
Do you plan on switching software vendors within the next 12 months?		Yes No
If “Yes” please list new vendors under consideration:		
Name of Primary Contact for Software Vendor:		
Phone Number:		Email:

A copy of a vendor invoice showing completed work and final cost billed to the entity must be submitted to the Iowa Board of Pharmacy (IBOP) before any funds are dispersed. Copies of invoices must be submitted to IBOP by August 20, 2020. Funds will be dispersed no later than September 30, 2020.		
Award is made possible through a grant awarded to the Iowa Department of Public Health by the CDC.	Reserved for IBOP Use	Date Received _____
Notes:		