



IOWA WHOLESALE DISTRIBUTOR FACILITY MANAGER CHANGE APPLICATION INSTRUCTIONS

To be used for facility manager changes only.

Submit the completed application, including the checklists, all attachments, and a check/money order in the appropriate amount made payable to:

**Iowa Board of Pharmacy
400 S.W. 8th St., Ste. E
Des Moines, IA 50309-4688.**

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 by the facility manager and returned to the Board for processing. **DO NOT SEND FINGERPRINT CARD WITH THE APPLICATION, IT WILL BE DESTROYED.**

FOR ALL APPLICANTS: Please allow four to six weeks for the Board to process your completed application. An incomplete application for a wholesale distributor license will only be maintained for a maximum period of 6 months. Failure to submit all required information within 6 months of submission of the original application will result in the application becoming null and void.

All application fees are non-refundable and non-transferrable.

Facility Manager Change Application Fees	
Application Fee	\$750.00
Controlled Substance Act Registration (CSAR) Fee (if applicable)	\$90.00
Facility Manager Criminal Background Check Fee	\$45.00
A wholesale distributor that handles controlled substances is required to obtain a CSAR	
Late License Application Fees – These fees are due for applications that are not timely submitted, but are submitted within 30 days of the required submission period	
Application and Penalty Fee	\$1500.00
CSAR and Penalty Fee (if applicable)	\$180.00
Facility Manager Criminal Background Check Fee	\$45.00
Reactivation Fees – The following fees are due for applications submitted more than 30 days after required submission period.	
License Reactivation Fee	\$2000.00
CSAR Reactivation Fee	\$360.00
Facility Manager Criminal Background Check Fee	\$45.00

Locations in Iowa:

- Applications for license changes shall be submitted to the board as far in advance as possible prior to the anticipated change.
- Requires an on-site inspection of the new location as provided in paragraph 17.3(1) “c.”

Locations outside of Iowa:

- Applications for license changes shall be submitted to the board within ten days of the wholesale distributor’s receipt of an updated license from the home state regulatory authority.
- If the home state does not license or register the facility, a completed application shall be submitted as far in advance as possible prior to the change of name, ownership, or location.

IOWA WHOLESALE DISTRIBUTOR LICENSE APPLICATION

To be used for facility manager changes only.

Please type or print legibly in ink. Applications submitted to change the license name, location, or owner must complete the effective date of change field(s).

APPLICATION CHECKLIST	
Facility Manager's Resume	<input type="checkbox"/> YES
Facility Manager Government issued ID	<input type="checkbox"/> YES
List of disciplinary actions taken against any professional or business license not previously reported to the Board and documentation of final disciplinary orders	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Explanation and documentation of violation(s) of any federal or state law pertaining to the possession, control, or distribution of prescription drugs not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of each criminal conviction and court records of the conviction(s), and any pending criminal charges not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A

1. FACILITY TYPE:	
Wholesale Distribution – Human Drugs	Reverse Distributor

If your business type does not fall into one of these two types this is not the correct license or application.

2. APPLICANT/LICENSEE INFORMATION:			
Business Name (<i>name in which company is doing business</i>):			
Legal Name (<i>if different</i>):		Iowa License Number:	
Federal Tax ID#:		NABP e-profile ID #:	
FACILITY ADDRESS (<i>physical location of establishment which should be reflected on all sales invoices and shipping documents</i>):			
Address:			
Address:		Suite:	
City:		State:	Zip:

Telephone number must be direct number to the licensed facility

Phone #:		Extension:	
Landline:	Yes No	Cell Phone (text messages):	Yes No
Alternate Phone #:		Extension:	
Landline:	Yes No	Cell Phone (text messages):	Yes No
Email Address:			
Web site:			
MAILING ADDRESS (<i>where all correspondence regarding licensure will be sent if other than facility address</i>):			
Address:		Suite #:	
City:		State:	Zip:

3. FACILITY MANAGER – the facility manager is the individual responsible for the day-to-day operations of the wholesale distributor (provide full legal name)					
Effective Date of Change:					
First Name:					
Middle Name:		Last Name:			
Previous Name(s) Used					
Street Address:					
City:		State:		Zip:	
Phone #:		Extension:			
Landline:		Yes No		Cell Phone (will accept text message): Yes No	
Alternate Phone #:		Extension:			
Landline:		Yes No		Cell Phone (will accept text message): Yes No	
Email:					
Date of Birth:			Social Security Number:		
As Facility Manager, I, _____, attest that I have adequate experience in prescription drug and device distribution, as applicable, and am actively involved in the daily operation of the distribution facility. I have and will maintain a functional understanding of federal and state laws, rules, and regulations pertaining to drug and device distribution, as applicable.					
I hereby swear or affirm that I, _____, have no felony convictions or convictions related to prescription drug and device distribution including distribution of controlled substances					
Signature:					
Date:					

4. CRIMINAL HISTORY (new applicants must provide a complete history)		
A. Since the last application have any of the applicant(s), owners and/or facility manager 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 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 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)		
Attachment included:	YES	NO

5. DISCIPLINARY ACTIONS (new applicants must disclose all disciplinary actions described below)		
A. Since the last application has the applicant, or any owner, officer, partner, or facility manager 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 of paper listing all disciplinary actions by any licensing authority and include documentation of any final disciplinary order.		
Attachment included:	YES	NO

C. Since the last application has the applicant been denied a license by any licensing authority?		
	YES	NO
D. Include a separate sheet listing the final denial orders by any licensing authority and include documentation of any final denial orders.		
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

6. 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:		
Date:		
Name and Title:		
Business Telephone #:		Business Fax #: