



CONTROLLED SUBSTANCES ACT REGISTRATION APPLICATION (Individual Practitioners and Researchers)

INSTRUCTIONS

Complete the attached Iowa Board of Pharmacy Controlled Substances Act (CSA) Registration application for individual practitioners and researchers. When completing this application, please be advised of the following:

- Please review Board rules at pharmacy.iowa.gov/ruleslaws, 657 Iowa Administrative Code chapters 10 and 37 for information regarding controlled substances and the Iowa Prescription Monitoring Program (PMP).
- If an individual practitioner or researcher plans to personally procure and maintain a stock of controlled substances for administration or dispensation, they need a separate CSA registration at each of those locations where that is applicable. If a practitioner is working at multiple locations in Iowa but is only prescribing controlled substances or administering from a hospital stock of controlled substances, they only need one CSA registration at their primary place of practice.
- Question 7 (Activities); definitions:
 - ❖ **Procure or Stock** means to obtain a controlled substance, including a sample of a controlled substance, and assume the legal responsibility for its security, accountability, and disposition.
 - ❖ **Prescribe** means to issue a prescription authorizing a pharmacy to dispense a drug or device to a patient.
 - ❖ **Administer** means to provide or apply a prescription drug to a patient for immediate use within the provider's practice location or hospital.
 - ❖ **Dispense** means to provide a prescription drug to a patient for self-use outside of the provider's practice location.
- Summary of controlled substances schedules:
 - ❖ Schedule I (Includes drugs with no proven or acceptable medical use and a high abuse potential; authorized for research only)
 - ❖ Schedule II Narcotic (e.g. oxycodone; morphine; hydrocodone)
 - ❖ Schedule II Nonnarcotic (e.g. methylphenidate; amphetamine salts; methamphetamine)
 - ❖ Schedule III Narcotic (e.g. acetaminophen with codeine)
 - ❖ Schedule III Nonnarcotic (e.g. testosterone; ketamine; butalbital-containing products)
 - ❖ Schedule IV (e.g. benzodiazepines; tramadol)
 - ❖ Schedule V (e.g. pregabalin; promethazine with codeine)
- Researchers must include a copy of their approved research protocol. Separate registrations are required to conduct research with schedule I and schedule II-V controlled substances.
- Name changes require submission of a legal name change document (e.g. marriage certificate, notarized court document, etc.) or a copy of the individual's updated professional license.
- Registration renewal is the registrant's responsibility. As a courtesy, the board office sends a renewal notice to each registrant at least 60 days prior to expiration, however the option to renew will not be available more than 60 days prior to your renewal date. The renewal notice is sent via email to the registrant's last known email address. Failure of the registrant to receive the notice does not relieve the registrant of responsibility for renewing that registration prior to its expiration. A registration can be renewed online or by paper application.

(This page is for your reference only. Do not submit this page with your application and fee)

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

Application Type	Fee Type	Fee Amount
Initial Application	Initial Registration Fee	\$90
Renewal Application (Current/Active)	Renewal Fee	\$90
Late Renewal Application (Expired less than 30 days ago)	Renewal Fee + Late Fee (Total fee if renewed within 30 days after expiration)	\$180
Reactivation Application (Expired more than 30 days ago)	Reactivation Fee (Total fee if renewed more than 30 days after expiration)	\$360
Change Only (Name, address, etc.)	No fee	No Fee

Submit check or money order payable to Iowa Board of Pharmacy – DO NOT SEND CASH

Iowa CSA Registration #: <i>(New applicants leave blank)</i>		Expiration Date: (MM/DD/YYYY)	
1. REGISTRANT INFORMATION:			
Full Legal Name:	(Last)	(First)	(Middle)
Social Security #:	Date of Birth (MM/DD/YYYY):		
Gender (Optional):	Male Female	Previous/Other Name(s) Used:	
Military or Veteran Status <i>(Check all that apply):</i>	<input type="checkbox"/> Active Duty Military	<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Spouse of an Active Duty Military Member or Veteran
2. CONTACT INFORMATION: (REQUIRED – Correspondence from the Board and reminders regarding registration renewal will be sent to the email address below.)			
Email Address:		Phone #:	Work Cell
3. IOWA PRACTICE OR BUSINESS ADDRESS: (Location of office or other practice setting in Iowa – not PO Box)			
Business Name:			
Street Address:			
Address Line 2 (Optional):			
City:		State:	Zip Code:
County:		Fax #:	
4. MAILING ADDRESS: (If different than practice or business address in section 3)			
Address:			
Address Line 2 (Optional):			
City:		State:	Zip Code:
5. LICENSURE INFORMATION:			
Type of Practitioner:	<input type="checkbox"/> ARNP	<input type="checkbox"/> DDS	<input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> DVM <input type="checkbox"/> MD <input type="checkbox"/> OD <input type="checkbox"/> PA <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> RESEARCHER
Iowa Professional License #:		License Expiration Date: (MM/DD/YYYY)	
Federal DEA #: <i>(New applicants leave blank unless you will be transferring an existing DEA # to Iowa)</i>		DEA Expiration Date: (MM/DD/YYYY)	
6. PRESCRIPTION MONITORING PROGRAM (PMP) REGISTRATION: On July 1, 2018, the "Opioid Bill" (HF 2377) became effective requiring any prescriber (veterinarians and researchers excluded) with a CSA to obtain a user account with the Iowa PMP.			
	<input type="checkbox"/> Yes, I am a registered user of the Iowa PMP.		<input type="checkbox"/> No, I am not a registered user of the Iowa PMP.
If no, please explain:	I am a new CSA applicant awaiting issuance of my federal DEA registration.	I am a veterinarian or researcher and am exempt from PMP registration.	I am in the process of reinstating my federal DEA registration.

Excluding veterinarians and researchers - if you answer no, once your application is processed, the status of your CSA will be pending until you obtain credentials to access the PMP. You can register for the PMP at iowa.pmpaware.net										
7. CONTROLLED SUBSTANCES: Check the schedule(s) in which you intend to handle (including prescribe) any controlled substances.										
Schedule I (Researchers Only)										
Schedule II Narcotic			Schedule II Nonnarcotic			Schedule III Narcotic				
Schedule III Nonnarcotic			Schedule IV			Schedule V				
ACTIVITIES: Check each action that you do or intend to do with controlled substances.										
Procure or Stock		Prescribe		Administer		Dispense				
LOST OR STOLEN CONTROLLED SUBSTANCES:										
During the past two years have any controlled substances under your control or ownership been lost or stolen? If yes, indicate the number of incidents next to the applicable reason(s).						YES		NO		
Break-In:		Armed Robbery:		Employee Pilferage:		Customer Theft:		Lost in Transit:	Other (explain in description):	
8. DISCIPLINARY ACTIONS: (New applicants must disclose all disciplinary actions described below.)										
Since your last renewal have you had a professional license revoked, suspended, or otherwise disciplined?										
						YES		NO		
If yes, was the discipline related to controlled substances or does it limit your ability to prescribe, administer, or dispense controlled substances?										
						YES		NO		N/A
Include a separate sheet listing the disciplinary action taken by any licensing authority and include documentation of any final disciplinary orders issued if not previously provided to this Board.										
Attachment included:						YES		N/A		
Since your last renewal, have you surrendered (in lieu of disciplinary action) or had a CSA or DEA registration, revoked, suspended, disciplined, or denied?										
						YES		NO		
Include a separate sheet providing a signed and dated explanation of each surrender, revocation, suspension, disciplinary sanction, or denial and include documentation of any final orders issued if not previously provided to this Board.										
Attachment included:						YES		N/A		
Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?										
						YES		NO		
Include an explanation for any pending investigations, complaints, or charges.										
Attachment included:						YES		N/A		
9. CRIMINAL HISTORY: (New applicants must provide a complete history.)										
Since your last renewal, have you been convicted of a criminal offense, other than a minor traffic offense, in any jurisdiction? Conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. Conviction includes Alford pleas and pleas of nolo contendere. You must submit the complaint and judgment of conviction for each offense, and a personal statement regarding whether each conviction directly relates to the practice of the profession. Your application will not be considered complete until all of this information is received by the Board.										
						YES		NO		
Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s) if not previously provided to this Board.										
Attachment included:						YES		N/A		
10. 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 registration. I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to exceptions in federal and state law.										
Signature of Applicant:										
Date:										
Printed Name:										

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 chapters 252J, 261, and 272D. This number will be used in connection with the collection of child support obligations and debts owed to the State of Iowa; as an internal means to accurately identify registrants; and may be shared with taxing authorities as allowed by law, including Iowa Code § 421.18.