

IOWA BOARD OF PHARMACY

LOW-INCOME INITIAL FEE WAIVER APPLICATION

400 SW 8th St. Suite E
Des Moines, IA 50309
515-281-5944

An applicant for **initial** licensure is eligible for a waiver of the **initial** licensing fee(s) if the applicant's household income does not exceed 200% of the Federal Poverty Level. **Household income is determined to be income before taxes or Adjusted Gross Income (AGI) and does not include capital gains or noncash benefits.**

To demonstrate your eligibility to waive your initial licensing fee(s), you must **include** a copy of your household Federal Tax Return for the preceding year.

- If you are married and filed separate, you will need to submit the Federal Tax Return for both your spouse and yourself.
- If you are a dependent on another person's tax return, you will need to submit the Federal Tax Return for the tax filer who claimed you as a dependent.

Reference the Federal Poverty Level to identify the income that matches the number of individuals in your household. If your household income, as reported on your most recent federal tax return, is less than the identified value, you are eligible for the one-time fee waiver.

Poverty Level per Individuals in Household: (Check applicable)

1 person - \$25,520	4 people - \$52,400	7 people - \$79,280
2 people - \$34,480	5 people - \$61,360	8 people - \$88,240
3 people - \$43,440	6 people - \$70,320	

The completed fee waiver application and Federal Tax Return must be submitted with the completed application for license/registration.

APPLICANT INFORMATION:

Full Legal Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Email Address: _____

LICENSE/REGISTRATION TYPE:

Certified Pharmacy Technician	Technician Trainee	Non-Resident PIC
Controlled Substance Act Registrant	Pharmacist	Pharmacy Support Person
Pharmacist-Intern		

ATTESTATIONS AND SIGNATURE:

The information contained within this application is true and correct

I have not previously received an initial license/registration fee waiver from the Iowa Board of Pharmacy

I have not previously held a license/registration to practice my profession in Iowa

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

