# 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
with Electronic Health Records and
Pharmacy Dispensing Systems

Completed forms must be sent via email to melissa.carstens@iowa.gov or pmp@iowa.gov

**HEALTHCARE ENTITY INFORMATION – Which best describes your business?:**

Hospital____ Pharmacy____ Surgery Center____

Health System____ Clinic Office____ Other (please specify)_____

| | | |
|---|---|---|
| Business Name: | | |
| Address: | City: | |
| State: | Zip: | Phone Number: |

| | |
|---|---|
| Hospital, Clinic Office (or Physician's Office), Health System applicants list the approximate number active Iowa licensed prescribers and/or pharmacists on staff:_____ | Was you facility/pharmacy integrated with the Iowa PMP as of January 1, 2021? |
| Estimated average daily volume of controlled substance prescriptions written (prescribers) or filled (pharmacies):_____ | Yes:___ No:___ Unsure:___ |

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-Mobile or 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 15, 2021. Funds will be dispersed no later than September 30, 2021.**
****Please do NOT send invoices with this application****

| | |
|---|---|
| Award is made possible through a grant awarded to the Iowa Department of Public Health by the CDC. | Reserved for IBOP Use Date Received_____ |