



### Iowa Board of Pharmacy

400 SW 8<sup>th</sup> 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](mailto:melissa.carstens@iowa.gov) or [pmp@iowa.gov](mailto: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: _____
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State: _____	Zip: _____	Phone Number: _____
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Hospital, Clinic Office (or Physician’s Office), Health System applicants list the approximate number active <u>Iowa</u> licensed prescribers and/or pharmacists on staff: _____	Was your facility/pharmacy integrated with the Iowa PMP as of January 1, 2021?  Yes:___ No:___ Unsure:___
Estimated average daily volume of controlled substance prescriptions written (prescribers) or filled (pharmacies): _____	

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 _____
		Revised 03/16/2021