



## Limited Use Pharmacy Application Addendum

(Attach additional pages, if necessary)

Pharmacy Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Limited-Use Pharmacy Type:**

Nuclear                      Veterinary                      Correctional                      Other

**Describe the product dispensing functions performed by the pharmacy.**

**Provide a description of the intended activities you plan to conduct with your Limited Use Pharmacy license.**

**List specific rule(s) or rule chapter(s) you believe the pharmacy should not be accountable to since the practice will be limited in scope? Provide written rationale for each rule or rule chapter. Attach additional pages or documents as necessary.**

**I attest that I understand Iowa's laws and rules governing the licensee and agree to abide by applicable governing federal and Iowa laws.**

**I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against the license or registration.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_