

Iowa Board of Pharmacy

Third-Party Logistics Provider (3PL) Application Instructions

Do not use this application for facility manager changes

A Third-Party Logistics Provider (3PL) is defined as an entity that provides or coordinates warehousing or other logistics services of a product in interstate commerce on behalf of a manufacturer, wholesale distributor, or dispenser of a product, but does not take ownership of the product nor have responsibility to direct the sale or other disposition of the product.

Every 3PL as defined in rule 657—43.2(155A), wherever located, that provides or coordinates warehousing or other logistics services of products into, out of, or within this state must be licensed by the Board in accordance with the laws and rules of Iowa before engaging in such logistics operations. Where activities are conducted at more than one location by a single 3PL, each location shall be separately licensed. The applicant shall submit a completed application with a nonrefundable application fee of \$750 for each location. A 3PL that handles controlled substances shall also obtain a Controlled Substances Act registration pursuant to 657—Chapter 10.

Inspection - Each new 3PL location seeking licensure shall be inspected prior to issuance of a license certificate.

- **Instate location** - If the applicant is located within Iowa, an inspection shall be conducted by the Board or its authorized agent prior to the issuance of the license certificate and periodically thereafter.
- **Nonresident location** - If the applicant is located outside of Iowa, an inspection shall be conducted by the applicant's home state regulatory authority or another Board-approved inspecting authority and a report of such inspection must be submitted with the application. The application shall also include evidence of corrective actions taken to satisfy any deficiency identified in the inspection report and compliance with all legal directives of the home state regulatory authority, if applicable.

Accreditation Requirement – Applicants must provide evidence of current Drug Distributor Accreditation (DDA) by the National Association of Boards of Pharmacy (formally VAWD), Quality and Security Accreditation (QAS) by the National Coalition for Drug Quality and Security (NCDQS), or another accreditation body approved by the Board.

- **Instate location** – The requirement for accreditation does not apply to new applicants located in Iowa which must undergo an opening inspection by a Board compliance officer or agent of the Board prior to issuance of an initial license. However, instate licensees must provide evidence of accreditation on or before the initial renewal of the license.

New applicants - Once a completed application is received, a fingerprint packet will be sent to the mailing address indicated on the application. The fingerprint packet is to be completed by the facility manager and returned to the Board for processing. **DO NOT UPLOAD ANY WAIVER OR FINGERPRINT CARD WITH THIS APPLICATION. DO NOT SUBMIT A WAIVER OR FINGERPRINT CARD, BY ANY DELIVERY METHOD, BEFORE RECEIVING A BACKGROUND CHECK PACKET FROM THE BOARD. ANY WAIVER AND/OR FINGERPRINT CARD RECEIVED BEFORE THE BOARD'S PACKET IS SENT WILL BE DESTROYED.**

FOR ALL APPLICANTS: Board staff will process applications in the order received. A completed application will be reviewed and processed within 10 business days of receipt. Please allow four to six weeks for completion of the application process, including processing of the criminal history check, following return of the fingerprint packet. An incomplete application for licensure will be maintained for a maximum period of 6 months.

Failure to submit all required information within 6 months of submission of the original application, including submission of a completed fingerprint packet if required, will result in the application becoming null and void. Any fees submitted with the application are forfeited and will not be transferred or refunded.

Submit the completed application, including the instruction check lists, all attachments, and a check or money order in the appropriate amount made payable to the Iowa Board of Pharmacy to:

Iowa Board of Pharmacy
400 SW 8th St. Ste. E
Des Moines, IA 50309

All application fees are non-refundable and non-transferrable.

Initial Application Fees		
Initial Application Fee		\$750.00
Facility Manager Criminal Background Check Fee		\$45.00
Initial Controlled Substances Act Registration (CSAR) Fee		\$90.00
A 3PL that handles controlled substances within or into Iowa is required to obtain a CSAR		
3PL License Renewal Fees - 3PL licenses expire annually on March 31. The renewal period begins February 1. Changes to the 3PL's name, location, facility manager, and/or owner cannot be made when renewing the license.		
Applications postmarked between February 1 and March 31	3PL License Renewal Fee	\$750.00
Applications postmarked between April 1 and April 30	3PL License Renewal and Penalty Fee	\$1500.00
Applications postmarked after April 30	3PL License Reactivation Fee	\$2000.00
<i>Licensees submitting a reactivation application are required to disclose the services, if any, that were provided to Iowa customers while the license was delinquent or expired.</i>		
CSAR Renewal Fees – Registrations expire biennially on March 31. The renewal period begins February 1. Changes to the name, location, facility manager, and/or owner listed on the registration cannot be made when renewing the registration.		
Applications postmarked between February 1 and March 31	CSAR Renewal Fee	\$90.00
Applications postmarked between April 1 and April 30	CSAR Renewal and Penalty Fee	\$180.00
Applications postmarked after April 30	CSAR Reactivation Fee	\$360.00
<i>Registrants submitting a reactivation application are required to disclose the activities conducted with respect to controlled substances while the registration was delinquent or expired.</i>		
License Change Application Fees – Changes made to the name, location, and/or owner require the submission of a completed application and applicable fee(s). Multiple changes to a license within the same application require only a single fee for the license and registration.		
Instate Licensees – The application for license change must be submitted as far in advance as possible prior to the anticipated change.		
Nonresident Licensees – The application for license change must be submitted within 10 days of the receipt of an updated license or registration from the home state regulatory authority, the DEA, or the FDA.		
3PL Application Fee		\$750.00
CSAR Fee (if applicable)		\$90.00
Late License Change Application Fees – These fees are due for applications that are not timely submitted, but are submitted within 30 days of the required submission period.		
3PL Application and Penalty Fee		\$1500.00
CSAR and Penalty Fee		\$180.00
Reactivation Fee – These fees are due for applications submitted more than 30 days after the required submission period.		
3PL Reactivation Fee		\$2000.00
CSAR Reactivation Fee		\$360.00

APPLICATION CHECKLIST	
Inspection Report (Nonresident Only)	<input type="checkbox"/> YES <input type="checkbox"/> N/A
License/Permit from State of Residence (Nonresident Only)	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Proof of DDA, QAS, Board-Approved Accreditation, or compliance with Board-approved waiver	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of each criminal conviction and court records of each conviction(s) not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of disciplinary actions by any licensing authority and documentation of final disciplinary orders not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of final denial orders by any licensing authority and documentation of final denial orders not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Facility Manager Addendum – The addendum and documents are only required for initial applicants.	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Facility Manager’s Resume	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Government Issued Photo ID	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of disciplinary actions taken against any professional or business license not previously reported to the Board and documentation of final disciplinary orders	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Explanation and documentation of violation(s) of any federal or state law pertaining to the possession, control, or distribution of prescription drugs not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of each criminal conviction and court records of the conviction(s), and any pending criminal charges not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A

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



APPLICATION FOR 3PL LICENSE

Please type or print legibly in ink. Applications submitted to change the license name, location, and/or owner must complete the effective date of change field(s). **Do not use this application for facility manager changes. Incomplete or illegible forms will delay issuance of the license.**

1. APPLICANT INFORMATION			
A. Name of Applicant <i>(name in which company is doing business):</i>		Effective Date of Change:	
Legal Name:			
Federal Tax ID#:			
Iowa License Number:		New Applicant:	
Facility Manger:			
NABP e-profile #:			

If you do not have an NABP e-profile number, you may create one by going to nabp.pharmacy

B. Facility Address <i>(physical location of establishment which should be reflected on all sales invoices and shipping documents)</i>			Effective Date of Change:	
Street Address:		Suite #:		
Address:				
City:		State:		Zip Code:

Note: The facility phone number must be a direct number to the proposed licensed facility

Telephone #:		Landline <input type="checkbox"/> Cell Phone# <input type="checkbox"/> If cell, will you accept text messages? <input type="checkbox"/> Y <input type="checkbox"/> N		
Alternate Phone#:		Landline <input type="checkbox"/> Cell Phone# <input type="checkbox"/> If cell, will you accept text messages? <input type="checkbox"/> Y <input type="checkbox"/> N		
Email Address:		Fax #:		
Web Site:				
Mailing Address <i>(where all correspondence regarding licensure will be sent if other than facility address):</i>				
Street Address:		Suite #:		
Address:				
City:		State:		Zip Code:

C. Ownership - <i>A change of ownership occurs when the owner listed on the 3PL's most recent application changes or when there is a change affecting the majority ownership interest of the owner listed on the 3PL's most recent application.</i>			Effective Date of Change:	
Name of Legal Owner:				
Address of Legal Owner:				
City, State, Zip:				
Owner Phone Number:			Fax #:	
Owner Email:				
Type of Ownership:				
Sole Proprietorship		Partnership		C Corporation
S Corporation		LLC		Government
Date Established:				
State of Incorporation:				

D. Registered Agent Located in Iowa:				
Name:		Title:		
Street Address:			Suite #:	
City:		State:	Zip Code:	

E. Description of the Scope of Services Provided in Iowa:	

F. Hours of Operation (<i>Indicate opening and closing times for each day of the week; indicate "closed" if not open any day.</i>)			
Sunday:		Monday:	
Tuesday:		Wednesday:	
Thursday:		Friday:	
Saturday:			

G. State and Federal Permit/License/Registration Numbers <i>(attach additional pages if necessary)</i> :				
Licensing Body:	Permit/License/Registration:	Issue Date:	Expiration Date:	Status:

2. INSPECTION INFORMATION

A. Most recent inspection performed by:	
Date of most recent inspection:	

B. Food and Drug Administration (FDA) Registration

Is your facility registered with the FDA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registration Number:	Expiration Date:	
Type of Registration <i>(select all that apply)</i> :		
Animal and Veterinary Drugs	Drug Establishment	
Medical Devices	Radiation –Emitting Products	
Vaccines	Blood	
Biologics	Other:	
Since your last application, has the facility been inspected by the FDA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, date of most recent FDA inspection:		
Since your last application, has the FDA issued a Form 483? <i>(attach the FDA's documentation and your response to the FDA)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Since your last application, has the FDA issued a Warning Letter? <i>(attach the FDA's documentation and your response to the FDA)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. CONTROLLED SUBSTANCES ACT REGISTRATION

Do you handle controlled substances within or into Iowa? <i>If yes, a fee is required for new registrations, renewal applications, and changes to licensee information (see instructions for additional information)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEA Registration #:		Expiration Date:
IA CSA Registration #:		Expiration Date:
PROPOSED DISTRIBUTION <i>(check all schedules of controlled substances that you intend to handle within, out of, or into Iowa)</i> :		
Schedule I	Schedule II Narcotic	Schedule II Nonnarcotic
Schedule III Narcotic	Schedule III Nonnarcotic	Schedule IV
		Schedule V

The regulatory questions only require an affirmative answer if there has been a reportable offense specifically to the licensed location since the last application.

4. CRIMINAL HISTORY <i>(new applicants must provide a complete history; renewal or change applications provide response and information regarding convictions not previously reported and provided to the Board)</i>		
Have any of the applicant(s) and/or facility manager been convicted of, or entered a plea of guilty, nolo-contendere, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must report if your conviction was expunged, you received a deferred judgment, or received an executive pardon.)		
If yes, provide an explanation and court records of the conviction(s).	YES	NO

5. DISCIPLINARY ACTIONS <i>(new applicants must disclose all disciplinary actions described below; renewal or change applications provide response and information regarding actions not previously reported and provided to the Board)</i>		
Has the applicant, or any owner, officer, partner, or facility manager been disciplined by any licensing authority? Discipline includes, but is not limited to, citations, reprimands, fines, and license/registration restrictions, probation, suspension, revocation, or surrender.		
If yes, provide an explanation and copies of any disciplinary orders that show the charge(s) and resolution(s).	YES	NO
Has the applicant been denied a license by any licensing authority? <i>(new applicants must report all denials; renewal or change applications provide response and information regarding denials not previously reported and provided to the Board)</i>		
If yes, provide an explanation and copies of any orders that show the charge(s) and final denial.	YES	NO

6. 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 the license.	
Signature of Applicant:	
Date:	
Printed Name and Title:	

FACILITY MANAGER Addendum 1

Please type or print legibly in ink. **Incomplete or illegible forms will delay the issuance of the license.**

Facility Name:	
Iowa License No.:	

IDENTIFICATION <i>(You must provide the Facility Manager's full legal name):</i>					
First Name:					
Middle Name:		Last Name:			
Previous Names Used:					
Street Address:					
City:		State:		Zip:	
Work Phone:					
Email Address:					
Date of Birth:		Social Security Number:			
Date started as Facility Manager at this Facility:					

PERSONAL ATTESTATION	
Initial each statement to indicate your understanding and agreement to abide by applicable federal and state laws governing logistics services.	
	I have adequate experience in providing or coordinating warehousing or other logistics services of products.
	I am employed by the applicant full-time in a managerial level position.
	I am actively involved in, and aware of, the daily operation of the facility.
	I am physically present, except for an authorized absence such as sick or vacation leave, at the facility of the applicant during regular business hours.
	I do not have any felony convictions or convictions related to prescription drug and device distribution, including distribution of controlled substances, under federal, state, or local laws.
	I have knowledge and understanding of federal and state laws, rules, and regulations pertaining to drug and device distribution.

If you are not able to attest to all of the statements, provide an explanation.

ADDITIONAL QUESTIONS	
If you answer "YES" to any question, please attach supporting documentation. Failure to provide complete and correct information may result in delay or denial of the third party logistics application.	
1. Have you had disciplinary action taken against any professional or business license you have held? If yes, provide copies of any final disciplinary orders.	YES NO
2. Have you been enjoined, either temporarily or permanently, by a court of competent jurisdiction for violating any federal or state law regulating the possession, control, or distribution of prescription drugs? If yes, documentation regarding the event.	YES NO
3. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must report if your conviction was expunged, you receive a deferred judgment, or you received an executive pardon.) If yes, provide court records of the conviction(s).	YES NO
4. Do you have any pending criminal charges? If yes, copies of any pending charges.	YES NO

**** Nolo contendere- A plea in a criminal case which has a similar legal effect as pleading guilty. The defendant does not admit or deny the charges, but a fine or sentence may be imposed based on this plea.**

SIGNATURE: Facility Manager	
By signing this application, I solemnly affirm under the penalty of perjury that the contents of this section of the application are true to the best of my knowledge, information, and belief. I understand that the Iowa 3PL license issued pursuant to this application may be revoked if any assertion made in this application is found to be false.	
Printed Name:	
Signature:	
Date:	

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 §§ 252J.8(1), 261.126(1), and 272D.8(1). The number will be used in connection with the collection of child support obligations or debts owed to the state of Iowa, and as an internal means to accurately identify registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.