



# IOWA WHOLESALE DISTRIBUTOR FACILITY MANAGER CHANGE APPLICATION INSTRUCTIONS

**To be used for facility manager changes only.**

Submit the completed application, including the checklists, all attachments, and a check/money order in the appropriate amount made payable to:

**Iowa Board of Pharmacy  
400 S.W. 8th St., Ste. E  
Des Moines, IA 50309-4688.**

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 a wholesale distributor license – facility manager change 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 will result in the application becoming null and void.

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

Facility Manager Change Application Fees	
Application Fee	\$750.00
Controlled Substance Act Registration (CSAR) Fee (if applicable)	\$90.00
Facility Manager Criminal Background Check Fee	\$45.00
A wholesale distributor that handles controlled substances is required to obtain a CSAR	
Late License Application Fees – These fees are due for applications that are not timely submitted, but are submitted within 30 days of the required submission period	
Application and Penalty Fee	\$1500.00
CSAR and Penalty Fee (if applicable)	\$180.00
Facility Manager Criminal Background Check Fee	\$45.00
Reactivation Fees – The following fees are due for applications submitted more than 30 days after required submission period.	
License Reactivation Fee	\$2000.00
CSAR Reactivation Fee	\$360.00
Facility Manager Criminal Background Check Fee	\$45.00

**Locations in Iowa:**

- Applications for license changes shall be submitted to the Board as far in advance as possible prior to the anticipated change.
- Requires an on-site inspection of the new location as provided in paragraph 17.3(1) “c.”

**Locations outside of Iowa:**

- Applications for license changes shall be submitted to the Board within ten days of the wholesale distributor’s receipt of an updated license from the home state regulatory authority.
- If the home state does not license or register the facility, or require identification of the facility manager on the license, a completed application shall be submitted as far in advance as possible.

## IOWA WHOLESALE DISTRIBUTOR LICENSE APPLICATION

**To be used for facility manager changes only.**

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

APPLICATION CHECKLIST	
Facility Manager Resume	<input type="checkbox"/> YES
Facility Manager Government-issued ID	<input type="checkbox"/> YES
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

1. FACILITY TYPE:	
Wholesale Distribution – Human Drugs	Reverse Distributor

**If the business type does not fall into one of these two types, this is not the correct license or application.**

2. APPLICANT/LICENSEE INFORMATION:			
<b>Business Name (name in which company is doing business at this location):</b>			
<b>Legal Name (if different):</b>		<b>Iowa License Number:</b>	
<b>Federal Tax ID#:</b>		<b>NABP e-profile ID #:</b>	
<i>If this facility does not have an NABP e-profile number, one can be created by going to <a href="http://nabp.pharmacy">nabp.pharmacy</a></i>			
<b>FACILITY ADDRESS (physical location of establishment which should be reflected on all sales invoices and shipping documents):</b>			
<b>Address:</b>			
<b>Address:</b>		<b>Suite:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

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

<b>Phone #:</b>		<b>Extension:</b>	
<b>Landline:</b>	Yes      No	<b>Cell Phone (text messages):</b>	Yes      No
<b>Alternate Phone #:</b>		<b>Extension:</b>	
<b>Landline:</b>	Yes      No	<b>Cell Phone (text messages):</b>	Yes      No
<b>Fax #</b>			

**Note: This must be an email that is regularly reviewed by the licensee – Board communications to the facility will initiate via this email. Email address of a license servicing agency is not acceptable – this address must deliver directly to the licensee or the licensee’s facility manager.**

<b>Email Address:</b>			
<b>Web site:</b>			
<b>MAILING ADDRESS (where all correspondence regarding licensure will be sent if other than facility address):</b>			
<b>Address:</b>			<b>Suite #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

<b>3. FACILITY MANAGER – the facility manager is the individual responsible for the day-to-day operations of the wholesale distributor (provide full legal name)</b>				
Effective Date of Change:				
First Name:				
Middle Name:		Last Name:		
Previous Name(s) Used				
Street Address:				
City:		State:		Zip:
Phone #:			Extension:	
Landline:	Yes	No	Cell Phone (will accept text message):	Yes No
Alternate Phone #:			Extension:	
Landline:	Yes	No	Cell Phone (will accept text message):	Yes No
Email:				
Date of Birth:			Social Security Number:	
Date started as Facility Manager at this Facility:				
As Facility Manager, I, _____, attest that I have adequate experience in prescription drug and device distribution, as applicable, and am actively involved in the daily operation of the distribution facility. I have and will maintain a functional understanding of federal and state laws, rules, and regulations pertaining to drug and device distribution, as applicable.				
I hereby swear or affirm that I, _____, have no felony convictions or convictions related to prescription drug and device distribution including distribution of controlled substances except those that may have been disclosed in this or previous applications to the Board.				
Signature:				
Date:				

<b>4. CRIMINAL HISTORY</b>		
A. Since the last application, have any of the applicant(s), owners, 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.)		
	YES	NO
B. Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s). Do not include criminal records relating to another facility or location. Only include records and information for crimes relating to operations, activities, and licenses/registrations at this facility location.		
Attachment included:	YES	NO

<b>5. DISCIPLINARY ACTIONS</b>		
A. Since the last application, 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.		
	YES	NO
B. Include a separate sheet of paper listing all disciplinary actions by any licensing authority and include documentation of any final disciplinary order. Do not include criminal records relating to another facility or location. Only include records and information for crimes relating to operations, activities, and		

<b>licenses/registrations at this facility location.</b>		
<b>Attachment included:</b>	<b>YES</b>	<b>NO</b>

<b>C. Since the last application, has the applicant been denied a license by any licensing authority?</b>		
	<b>YES</b>	<b>NO</b>
<b>D. Include a separate sheet listing the final denial orders by any licensing authority and include documentation of any final denial orders.</b>		
<b>Attachment included:</b>	<b>YES</b>	<b>NO</b>
<b>E. Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?</b>		
	<b>YES</b>	<b>NO</b>
<b>F. Include an explanation for any pending investigations, complaints, or charges.</b>		
<b>Attachment included:</b>	<b>YES</b>	<b>NO</b>

<b>6. SIGNATURE</b>		
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 this license.		
<b>Signature of Applicant:</b>		
<b>Date:</b>		
<b>Printed Name and Title:</b>		
<b>Business Telephone #:</b>	<b>Business Fax #:</b>	