

# Iowa Board of Pharmacy

## Resident and Nonresident Pharmacy License Renewal Instructions

This application is to be used by resident and nonresident pharmacies for renewal of their Iowa pharmacy license. Changes to the pharmacy’s name, PIC, owner, license type and/or location cannot be made when renewing your license.

**Failure to submit a complete and timely application will delay the processing of your application. If minimum licensing requirements are not met, your license will not be renewed.**

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

Iowa Board of Pharmacy  
400 SW 8<sup>th</sup> St. Ste. E  
Des Moines, IA 50309-4688

### Nonresident Pharmacies Only:

**Inspections** - 657 IAC 19.2 dictates specific inspection requirements for license eligibility. You must meet the inspection requirements for renewal - no exceptions will be made.

**Toll-free telephone number** - the pharmacy’s toll free telephone number is required to allow patients to speak with a pharmacist who has access to patient records at least six days per week for a total of at least forty hours.

**Nonresident Pharmacy PIC Registration Renewal** – The registration expires annually on December 31 and is required only when the PIC of the pharmacy is not currently licensed to practice pharmacy in Iowa. The PIC can submit an application and fee either through the Board’s Online Services portal or by downloading a paper renewal application.

**Iowa Prescription Monitoring Program (PMP)** - Nonresident pharmacies are required to report to the PMP all prescriptions for Schedules II, III, IV, and V controlled substances dispensed to patients located in Iowa, including submission of zero reports when no reportable prescriptions are dispensed during a reporting period. Please be aware of the reporting requirements described in 657 IAC Chapter 37 of the Board’s rules and the Iowa Data Reporting Manual.

<b>Pharmacy License Renewal Fees</b> – <i>Pharmacy licenses expire annually on December 31. The renewal period begins November 1. Changes to the pharmacy’s name, PIC, owner, license type and/or location cannot be made when renewing your license.</i>		
Applications postmarked between November 1 and December 31	License Renewal Fee	\$135.00
Applications postmarked between January 1 and January 31	License Renewal and Penalty Fee	\$270.00
Applications postmarked after January 31	License Reactivation Fee	\$540.00
<b>Licensees submitting a reactivation application are required to disclose the services, if any, that were provided to Iowa customers while the license was delinquent.</b>		
<b>CSAR Renewal Fees</b> – <i>Confirm the expiration date of the CSA registration before submitting renewal fees. The registration may not expire at the same time as the pharmacy license.</i>		
Applications postmarked between November 1 and December 31	CSAR Renewal Fee	\$90.00
Applications postmarked between January 1 and January 31	CSAR Renewal and Penalty Fee	\$180.00
Applications postmarked after January 31	CSAR Reactivation Fee	\$360.00
<b>Licensees submitting a reactivation application are required to disclose the activities conducted with respect to controlled substances while the registration was expired.</b>		

<b>APPLICATION CHECKLIST</b>			
<b>RESIDENT AND NONRESIDENT PHARMACY</b>			
Proof of Accreditations	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
DEA Registration	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
List of All Licenses / Permits / Registrations in Other States	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
FDA 483s, Warnings Letters, and Responses to each	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
List of Disciplinary Actions by Licensing Authorities and Documentation of Final Disciplinary Orders	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
List of Final Denial Orders by Licensing Authorities and Documentation of Final Denial Orders	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
List of Each Criminal Conviction and Court Records of the Conviction(s)	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
<b>RESIDENT PHARMACY ONLY</b>			
Names, titles, and license/registration numbers for all pharmacists, pharmacist interns, technicians, and pharmacy support persons currently employed or practicing at this location.	<input type="checkbox"/> YES		
<b>NONRESIDENT PHARMACY ONLY</b>			
PIC License issued by Applicant's Home State	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
Home State Pharmacy License / Permit / Registration	<input type="checkbox"/> YES		
Most Recent Inspection Report as specified in Iowa Code 155A.13A(1)(c)	<input type="checkbox"/> YES <input type="checkbox"/> N/A		
Prescription Label Showing Toll-Free Phone Number	<input type="checkbox"/> YES		
<b>Nonresident Pharmacy PIC Registration Renewal</b> – a PIC registration is only required if the PIC does not hold a current/active Iowa pharmacist license.			
<b>Attached</b>	<b>Submitting Online</b>	<b>Mailing Separately</b>	<b>Not Applicable</b>

**Iowa Board of Pharmacy**

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



## Application for Resident and Nonresident Pharmacy License Renewal

This application is to be used by resident and nonresident pharmacies for renewal of their Iowa pharmacy license. Changes to the pharmacy’s name, PIC, owner, license type and/or location cannot be made when renewing your license.

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

1. PHARMACY TYPE		
General Pharmacy	Hospital Pharmacy	Limited Use Pharmacy – Telepharmacy
Limited Use Pharmacy – Correctional	Limited Use Pharmacy – Nuclear	Limited Use Pharmacy – Veterinary
Limited Use Pharmacy – Other	Nonresident Pharmacy	

2. LICENSEE/APPLICANT INFORMATION			
<b>A. Name of Applicant:</b> <i>(Name in which pharmacy is doing business)</i>			
Iowa License Number:		Federal Tax ID #:	
Legal Name of Pharmacy:			
Pharmacy’s NABP e-Profile ID:			
Name of Pharmacist in Charge (PIC):			
Iowa Pharmacist License or PIC Registration Number:			

If you do not have an NABP e-profile number, you may create one by going to [nabp.pharmacy](http://nabp.pharmacy)

B. Pharmacy Address <i>(physical location of pharmacy)</i>			
Street Address:		Suite #:	
Address:			
City:	State:	Zip Code:	

The phone number must be a direct number to the pharmacy

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

The email address must be a direct email to the pharmacy or PIC

<b>Email Address:</b>		<b>Fax #:</b>	
<b>Website:</b>			
<b>Mailing Address (where all correspondence regarding licensure will be sent if other than pharmacy's physical address):</b>			
<b>Street Address:</b>		<b>Suite #:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	

<b>C. Pharmacy Ownership</b>			
<b>Owner Name:</b>			
<b>Owner Address:</b>			
<b>City, State, Zip:</b>			
<b>Owner Phone Number:</b>		<b>Fax:</b>	
<b>Email:</b>			
<b>Type of Ownership:</b>			
<b>Sole Proprietorship</b>	<b>Partnership</b>	<b>C Corporation</b>	
<b>S Corporation</b>	<b>LLC</b>	<b>Government</b>	
<b>Date Established:</b>			
<b>State of Incorporation (if applicable):</b>			

<b>3. PHARMACY OPERATIONS</b>			
<b>A. Hours of Pharmacy Operation (example: 8:00 a.m. to 5:00 p.m. or CLOSED)</b>			
<b>Sunday</b>		<b>Thursday</b>	
<b>Monday</b>		<b>Friday</b>	
<b>Tuesday</b>		<b>Saturday</b>	
<b>Wednesday</b>			

<b>B. Pharmacy Accreditations (attach proof of any accreditations)</b>			
<b>VIPPS</b>	<b>ACHC</b>	<b>DMEPOS</b>	<b>None</b>
<b>PCAB</b>	<b>JCAHO</b>	<b>VPP</b>	<b>Other:</b>

<b>C. Type of Pharmacy Services (check all that apply)</b>			
General Dispensing		Central Rx Processing	
Hospital		Mail Order Only	
Central Rx Filling		Home Infusion	
Nuclear		Care Facility Filling	
Care Facility Consulting		Emergency Drug Kits	
Unit Dose		Home Health/DME	
OTC Pseudoephedrine Sales		Exempt CV Dispensing	
Prepackaging		EMS	
Collaborative Practice Agreements (CPA)		CPA Explanation	
Technician Product Verification		Prescription Delivery/Mail-outs/Mail Order	
Medication Therapy Management		Statewide Protocol-Naloxone	
Statewide Protocol-Immunization		Statewide Protocol-Nicotine Replacement	
CLIA-Waived Testing		Compliance Packaging/MedPaks	
Noncontrolled Substance Collector		DEA-registered Controlled Substances Collector	
Naloxone Standing Order		Other (please explain):	

<b>D. Populations Served</b>			
Human		Veterinary - companion animals	
		Veterinary – food-producing animals	
Number of prescriptions dispensed into Iowa last year: <i>Nonresident pharmacies only</i>			

<b>E. Compounding (check all that apply)</b>		
Sterile High-Risk	Sterile Medium-Risk	Sterile Low-Risk
Sterile Immediate Use	Sterile Hazardous Drugs	Sterile Anticipatory
Sterile Shipping out of state	% of Sterile Compounded Preparations Shipped Out of State During the Previous Year:	
Sterile for patients in other facilities		Sterile Number of Facilities
Number of sterile compounded preparations dispensed into Iowa last year:		
Non Sterile Simple	Non Sterile Moderate	Non Sterile Complex
Non Sterile Anticipatory	Non Sterile Hazardous Drugs	Prescriber Office Use
Pursuant to Patient Specific Rx		
Number of non sterile compounded preparations dispensed into Iowa last year:		

<b>4. FDA INFORMATION</b>	
Since your last application, has the pharmacy been inspected by the FDA:	Yes No
If yes, date of most recent FDA inspection:	
Since your last application, has the FDA issued a 483? <i>(attach the FDA's documentation and your response to the FDA)</i>	Yes 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>	Yes No
Are you registered with the FDA as a 503(b) outsourcing facility?	Yes No

<b>5. CONTROLLED SUBSTANCES</b> <i>(Attach copy of DEA registration, if applicable)</i>			
Do you handle controlled substances within or into Iowa? <i>If yes, a fee is required for new registrations and changes to licensee information (see instructions for additional information)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
DEA Registration #:		Expiration Date:	
Iowa CSA Registration #:		Expiration Date:	
Check schedules of controlled substances that you intend to dispense in or into Iowa:			
Schedule II Narcotic		Schedule II Nonnarcotic	
Schedule III Narcotic		Schedule III Nonnarcotic	
Schedule IV		Schedule V	
Number of controlled substance prescriptions dispensed in or into Iowa last year:			
Number of opioid prescriptions dispensed in or into Iowa last year:			

<b>6. CURRENT PHARMACY LICENSES, PERMITS, OR REGISTRATIONS IN OTHER STATES</b> <i>(attach additional pages if necessary)</i>				
STATE	LICENSE / PERMIT / REGISTRATION NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS

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

<b>7. DISCIPLINARY ACTIONS</b>	
<b>A. Since your last application, has the pharmacy, any owner, or employee 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.</b>	
	YES      NO
<b>Include a separate sheet of paper listing all disciplinary actions by any licensing authority against this pharmacy location and include documentation of any final disciplinary orders</b>	
<b>B. Since your last application, has the pharmacy, any owner, or employee been denied a license by any licensing authority?</b>	
	YES      NO
<b>Include a separate sheet listing the final denial orders by any licensing authority against this pharmacy location and include documentation of any final denial orders</b>	
<b>C. Do you have any knowledge of any investigations, complaints, or charges pending against this pharmacy location before any licensing authority?</b>	
	YES      NO
<b>Include an explanation for any pending investigations, complaints, or charges</b>	

<b>8. CRIMINAL HISTORY</b>	
<b>A. Since your last application, has the pharmacy, any owner, or employee been convicted of or entered a plea of guilty, nolo contendere, or no contest to any crime related to prescription drugs, controlled substances, healthcare, or the practice of pharmacy 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.</b>	
	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)</b>	

<b>9. SIGNATURE</b>	
<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 my license.</b>	
<b>Signature of Licensee or Designated Representative:</b>	
<b>Printed Name and Title:</b>	
<b>Date:</b>	

## NONRESIDENT PHARMACY ONLY:

1. HOME STATE PHARMACY LICENSE INFORMATION <i>(attach a copy of home state license, permit, or registration)</i>	
State:	
License Number:	
Original Date Issued:	
Expiration Date:	
Current Status:	

2. REGISTERED AGENT <i>(must be located in Iowa)</i>			
Name:			
Street Address:		Suite #:	
City:		State:	
		Zip Code:	

3. INSPECTION INFORMATION <i>(attach most recent inspection report which must comply with 657 IAC 19.2 which dictates specific inspection requirements)</i>		
Most Recent Inspection Performed by:		
Home State Licensing Authority	Iowa Board of Pharmacy	Other Pre-Approved Entity:
Date of Most Recent Inspection:		

4. TOLL-FREE TELEPHONE NUMBER <i>(attach copy of label showing number):</i>			
Toll-free telephone number:			
List Monday-Sunday hours of operation of toll-free telephone number:			
The pharmacy's toll free telephone number allows patients to speak with a pharmacist who has access to patient records at least six days per week for a total of at least forty hours.	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> </table> <i>(if no, your pharmacy does not qualify for licensure in Iowa)</i>	Yes	No
Yes	No		