

Iowa Board of Pharmacy

Nonresident Pharmacy Pharmacist in Charge (PIC) Registration Renewal Instructions

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.

Failure to submit a complete and timely application will delay the processing of your application.

If minimum requirements are not met, your registration 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 8th St. Ste. E
Des Moines, IA 50309-4688

APPLICATION CHECKLIST	
NONRESIDENT PHARMACY PIC REGISTRATION RENEWAL <i>(Required only when the PIC is not currently licensed to practice pharmacy in Iowa)</i>	
Government-issued Photo ID of PIC	<input type="checkbox"/> YES
Additional Pages to List All Licenses in Other States Issued to the PIC, if needed	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Additional Pages to List All Current Employment of the PIC, if needed	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of Disciplinary Actions by Licensing Authorities and Documentation of Final Disciplinary Orders Against the PIC	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of Final Denial Orders by Licensing Authorities and Documentation of Final Denial Orders Issued to the PIC	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of Each Criminal Conviction and Court Records of the Conviction(s) of the PIC	<input type="checkbox"/> YES <input type="checkbox"/> N/A

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

Nonresident Pharmacy PIC Registration Renewal Fees – PIC registration expires annually on December 31. The renewal period begins November 1.		
Applications postmarked between November 1 and December 31	Registration Renewal Fee	\$75.00
Applications postmarked between January 1 and January 31	Registration Renewal and Penalty Fee	\$150.00
Applications postmarked after January 31	Registration Reactivation Fee	\$300.00

Registrants submitting a reactivation application are required to disclose the services, if any, that were provided to Iowa customers by the pharmacy while the registration was delinquent.

A registered PIC of a nonresident pharmacy is required to notify the board in writing within ten days of any change of information included on the registration application, including the pharmacist's name, contact information, home state license or registration information or status, and place of employment.

If a registered PIC ceases to be the pharmacist in charge of an Iowa-licensed nonresident pharmacy, the pharmacist may request that the registration be canceled. The registration will not be automatically canceled upon notification of a PIC change or employment change.

Iowa Board of Pharmacy

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



Renewal Application for Nonresident Pharmacy Pharmacist in Charge (PIC) Registration

A Pharmacist in Charge registration is not required if the PIC is currently licensed to practice pharmacy in Iowa.

PIC Registration No.: _____

NONRESIDENT PHARMACY LICENSE INFORMATION	
Name of Pharmacy (Name in which pharmacy is doing business)	
Iowa Pharmacy License No.:	

1. IDENTIFICATION (attach copy of government-issued photo identification)					
First Name:		Middle Name:			
Last Name:		Previous Name(s):			
Street Address:					
City:		State:		Zip:	
Date of Birth:		SSN:			
Primary Phone:		NABP e-Profile ID:			
Email Address:					

2. LICENSE INFORMATION (List all states where you are licensed as a pharmacist, attach additional pages if necessary)				
Licensing Body:	Permit/License/Registration Number:	Issue Date:	Expiration Date:	Status

3. EMPLOYMENT (List all current employment, attach additional pages if necessary)		
Name of pharmacy	State and license number of pharmacy	Do you serve as PIC?
		YES NO
		YES NO

4. DISCIPLINARY ACTIONS	
A. Since your last application, have you 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
Include a separate sheet of paper listing all disciplinary actions by any licensing authority against any health-related license or registration issued to you and include documentation of any final disciplinary orders.	
B. Since your last application, have you been denied a license by any licensing authority?	
YES	NO
Include a separate sheet listing the final denial orders by any licensing authority against any health-related license or registration issued to you and include documentation of any final denial orders.	

5. CRIMINAL HISTORY	
A. Since your last application, have you 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. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.)	
YES	NO
Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s)	

6. PERSONAL ATTESTATIONS	
Initial each statement to indicate your understanding and agreement to abide by applicable federal and Iowa laws governing the practice of pharmacy:	
	I have reviewed the Applicant's Nonresident Pharmacy License application and it is complete and accurate to the best of my knowledge.
	I am currently the pharmacist in charge of the Applicant's pharmacy.
	I will notify the Iowa Board of Pharmacy if/when I no longer serve as pharmacist in charge of the Applicant's pharmacy.
	I understand Iowa's laws and rules governing nonresident pharmacies.

7. SIGNATURE	
By signing this application, I solemnly swear or 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 pharmacist in charge registration issued pursuant to this application may be revoked if any assertion made in this application is found to be false.	
Name:	
Signature:	
Date:	

Privacy Act Notice: Disclosure of your Social Security number on this registration 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, and 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.