Iowa Board of Pharmacy
Outsourcing Facility Supervising Pharmacist Change Application Instructions

Complete the attached Iowa Board of Pharmacy Supervising Pharmacist Change Application for an existing Outsourcing Facility License.

A change of supervising pharmacist requires the submission of the Supervising Pharmacist Change application and fee within ten days of the FDA's issuance of an updated registration.

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.

An incomplete application for licensure will only 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 and any fees submitted with the application are forfeited and will not be transferred or refunded.

Submit the completed application, including the instruction checklist, 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

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

License Change Application Fees	
Outsourcing Facility License Change Application Fee	$400.00
Supervising Pharmacist Criminal Background Check Fee *This fee is only required when changing the supervising pharmacist	$45.00
Controlled Substances Act Registration (CSAR) Fee	$90.00

APPLICATION CHECKLIST		
Supervising Pharmacist Addendum		
Government-issued Photo ID	☐YES	☐N/A
Supervising Pharmacist's License Issued by Licensee's Home State	☐YES	☐N/A
Additional Pages to List All Licenses in Other States	☐YES	☐N/A
List of Disciplinary Actions by Licensing Authorities and Documentation of Final Disciplinary Orders	☐YES	☐N/A
List of Final Denial Orders by Licensing Authorities and Documentation of Final Denial Orders	☐YES	☐N/A
List of Criminal Convictions and Court Records of the Convictions	☐YES	☐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 OUTSOURCING FACILITY SUPERVISING PHARMACIST CHANGE

Please type or print legibly in ink. Applications submitted to change the supervising pharmacist must complete the effective date of change field(s). **Incomplete or illegible forms will delay the issuance of your license.**

LICENSEE INFORMATION	
Name of Licensee: *(Name in which outsourcing facility is doing business)*	
Iowa License Number:	
Legal Name:	
Federal Tax ID #:	
NABP e-Profile ID:	
Name of Supervising Pharmacist:	

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

Outsourcing Facility Address *(Physical location of facility)*					
Street Address:				**Suite #:**	
City:		**State:**		**Zip Code:**	

The facility phone number must be a direct number to the licensed facility

Telephone #:		**Landline ☐ Cell Phone# ☐** **If cell, will you accept text messages? ☐Y ☐N**	
Web Site:		**Fax:**	
Email Address:			
Emergency Contact Phone at facility:			

Mailing Address *(where all correspondence regarding licensure will be sent if other than facility address)*					
Street Address:				**Suite #:**	
Address:					
City:		**State:**		**Zip Code:**	

Effective Date of Change:	

2. SUPERVISING PHARMACIST IDENTIFICATION ***(attach copy of government-issued identification)***					
First Name:					
Middle Name:					
Last Name:					
Previous Name(s):					
Street Address:					
City:		**State:**		**Zip:**	
Date of Birth:		**SSN:**			
Primary Phone:					
Email Address:					

LICENSE INFORMATION ***(List all states where you are or have previously been licensed as a pharmacist, attach additional pages if necessary and attach a copy of home state license)***		
State	**License Number**	**Active**
		☐ **YES** ☐ **NO**
		☐ **YES** ☐ **NO**
		☐ **YES** ☐ **NO**

DISCIPLINARY ACTIONS	
Have you ever 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 listing all disciplinary actions by any licensing authority and include documentation of any final disciplinary orders not previously reported to the Board.	
Attachment included:	☐ **YES** ☐ **NO**
Have you ever been denied a license by any licensing authority?	
	☐ **YES** ☐ **NO**
Include a separate sheet listing all final denial orders by any licensing authority and include documentation of any final denial orders not previously reported to the Board.	
Attachment included:	☐ **YES** ☐ **NO**

CRIMINAL HISTORY		
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 record(s) of the conviction(s) if not previously provided to the Board.		

PERSONAL ATTESTATIONS - If you are unable to attest to any of the above, you must explain why on a separate page.	
Initial each statement to indicate your understanding and agreement to abide by applicable federal and state laws relating to compounding:	
	I have reviewed the Applicant's Outsourcing Facility License application and it is complete and accurate to the best of my knowledge.
	I am currently the supervising pharmacist of the Applicant's outsourcing facility.
	I will notify the Iowa Board of Pharmacy if/when I no longer serve as-the supervising pharmacist of the Applicant's outsourcing facility.
	I understand Iowa's laws and rules governing outsourcing facilities.

SUPERVISING PHARMACIST 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.	
Printed Name:	
Signature:	
Date:	

LICENSEE SIGNATURE	
I hereby swear or affirm under the 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.	
Signature of Licensee:	
Date:	
Name and Title:	

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(l), 261.126(1), and 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan 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.