

Iowa Board of Pharmacy

Resident and Nonresident Pharmacy Permanent PIC Change

Application Instructions

Complete the attached Iowa Board of Pharmacy application for PIC change. Failure to submit a complete and timely application will delay the processing of your application.

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 completion of a successful on-site inspection when 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 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

Pharmacist in charge – A change to the permanent pharmacist in charge (PIC) requires the submission of a completed pharmacy license application and fee within ten days of the change. The permanent PIC of the licensed pharmacy must also be the individual responsible for the corresponding controlled substances Act registration. If a permanent PIC has not been identified by the time of the vacancy, a temporary PIC must be identified. The identification of a temporary PIC does not require the submission of a completed application and fee. Notification identifying the temporary PIC, on forms provided by the Board, must be submitted to the Board within ten days of the vacancy. Notification can be submitted via email to deborah.mcclure@iowa.gov. The pharmacy must identify a permanent PIC within 90 days of the original vacancy and must submit a completed application and all necessary fees within ten days of the appointment of a permanent PIC. **Nonresident Pharmacies** – The temporary PIC is not required to be registered.

Nonresident Pharmacies Only:

Pharmacist in charge (PIC) - Every nonresident pharmacy is required to have a PIC who is either currently licensed to practice pharmacy in Iowa or who is registered with the Board in accordance with rule IAC 657 19.3. If your PIC is not currently licensed to practice pharmacy in Iowa or is not registered with the Board, your PIC must apply for registration as a nonresident pharmacy PIC. The PIC must complete the Board's training module, "Iowa Pharmacy Law Bootcamp: Education for Iowa Nonresident Pharmacists," prior to submission of the application. The training is free and can be found on the Board's website at <https://pharmacy.iowa.gov/>.

[Iowa Code 155A.13A\(2\)](#) states that the pharmacist who is the pharmacist in charge of the nonresident pharmacy shall be designated as such on the nonresident pharmacy license application or renewal.

If the PIC is applying for a nonresident pharmacy PIC registration, the Board will issue the registration number once the application is processed.

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.

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

License Change Application Fees	
Pharmacy License Application Fee – Required for all licensees	\$135.00
CSAR Application Fee (if applicable) – Required for all licensees who have a CSAR	\$90.00
Nonresident Pharmacies Only – Nonresident PIC Registration Fee <i>(In addition to the required license change fees, this fee is required for a PIC change application when the new PIC does not hold a current/active Iowa pharmacist license or a current/active Nonresident PIC registration)</i>	\$75.00
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. These fees include the timely application fee and penalty fee and are not in addition to the previously identified fees.	
Pharmacy License Application including Penalty Fee	\$270.00
CSAR Application including Penalty Fee (if applicable)	\$180.00
Nonresident Pharmacies Only – Nonresident PIC Registration Fee <i>(In addition to the required license change fees, this fee is required for a PIC change application when the new PIC does not hold a current/active Iowa pharmacist license or a current/active Nonresident PIC registration.)</i>	\$150.00
Reactivation Fee – These fees are due for applications submitted more than 30 days after required submission period. These fees include the application fee and penalty fee and are not in addition to the previously identified timely application fee or application and penalty fee.	
Pharmacy License Reactivation Fee	\$540.00
CSAR Reactivation Fee	\$360.00
Nonresident Pharmacies Only – PIC Registration Fee <i>(In addition to the required license change fees, this fee is required for a PIC change application when the new PIC does not hold a current/active Iowa pharmacist license or a current/active Nonresident PIC registration.)</i>	\$300.00

APPLICATION CHECKLIST	
NONRESIDENT PHARMACY ONLY	
PIC's Pharmacist 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
NONRESIDENT PHARMACY PIC REGISTRATION <i>(Required only when the PIC is not currently licensed to practice pharmacy in Iowa, does not hold a current/active Nonresident Pharmacy PIC registration in Iowa, and the pharmacy is submitting a new pharmacy license application or a PIC change application)</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
Certificate of Completion for Required PIC Training Module	<input type="checkbox"/> YES <input type="checkbox"/> N/A

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 Des Moines, IA 50309-4688
 515-281-5944
<https://pharmacy.iowa.gov/>



APPLICATION FOR RESIDENT AND NONRESIDENT PERMANENT PIC CHANGE

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

LICENSEE INFORMATION			
Name of Licensee: <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 New Permanent Pharmacist in Charge (PIC):			
Iowa Pharmacist License or PIC Registration Number:		Start Date as Permanent PIC:	

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

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

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

PIC HISTORY			
Previous Permanent PIC Name:		Iowa License/Registration #:	
Date of Vacancy of Previous Permanent PIC:			
Was a new permanent PIC identified at the time of vacancy?	YES	NO	
If no, name of temporary PIC/PICS:			
Date Range of each temporary PIC served:			
Was an inventory of all controlled substances taken?	YES	NO	N/A

SIGNATURES	
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.	
Signature of Applicant or Designated Representative:	
Printed Name and Title:	
Date:	
I hereby swear or affirm under penalty of perjury that I am the responsible party for the licensee indicated above. I attest that I understand Iowa's laws and rules governing the licensee and agree to abide by applicable governing federal and Iowa laws. I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against the license or registration.	
Signature of Permanent Pharmacist in Charge:	
Printed Name:	
Date:	

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.

IDENTIFICATION <i>(attach copy of government-issued photo identification)</i>				
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:				

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

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

CRIMINAL HISTORY <i>(If you answer yes, you must list all convictions below, attach additional pages if necessary. On a separate sheet of paper provide a signed and dated explanation and attach court records of the conviction(s))</i>	
Have you been convicted, found guilty of, or entered a plea of guilty or no contest to a criminal offense, including actions that resulted in a deferred or expunged judgment (but excluding minor traffic offenses)?	YES NO
Do you currently have any criminal charges pending against you in any jurisdiction?	YES NO

DISCIPLINARY HISTORY (includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation. If you answer yes to any of the questions below provide a description and attach final disciplinary orders)

Have you ever been disciplined by any licensing authority?	YES	NO
Do you have any charges, or knowledge of any complaints or investigations, pending before any licensing authority?	YES	NO
Have you ever been denied a license or registration by any licensing authority?	YES	NO

PERSONAL ATTESTATIONS

Initial each statement to indicate your understanding and agreement to abide by applicable federal and Iowa laws governing the practice of pharmacy:

<input type="checkbox"/>	I have reviewed the license application and it is complete and accurate to the best of my knowledge.
<input type="checkbox"/>	I am currently the pharmacist in charge of the licensee's pharmacy.
<input type="checkbox"/>	I will notify the Iowa Board of Pharmacy if/when I no longer serve as pharmacist in charge of the licensee's pharmacy.
<input type="checkbox"/>	I understand Iowa's laws and rules governing nonresident pharmacies.
<input type="checkbox"/>	I have completed the required training module for registered pharmacists in charge. Attached is my certificate of completion.

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.