



# IOWA PHARMACY SUPPORT PERSON REGISTRATION INSTRUCTIONS

400 SW 8th St. Suite E  
Des Moines, IA 50309  
515-281-5944

Complete the attached Iowa Board of Pharmacy application for pharmacy support person registration. When completing this application, please be advised of the following:

- Effective July 1, 2021, prior to commencing employment in an Iowa pharmacy as a pharmacy support person, an individual shall obtain registration as a pharmacy support person.
- All sections of the application must be completed. Incomplete applications will delay the issuance of your registration. Unsigned applications will be returned.
- Failure to answer all questions completely and accurately, including omission or falsification of material facts, may be cause for denial of your application or disciplinary action. When in doubt, answer “yes” and provide an explanation.
- Registrations are issued administratively following review of a completed application and all required documentation, unless the application warrants referral to the Board, or unless a personal appearance is required.
- Applications expire 45 days from the date of receipt. You will be notified by email if additional information is required. If the application has not been completed within 45 days, a new application and fee will be required

**Employment** means that you have been hired by a pharmacy to perform the duties of a pharmacy support person, not necessarily that you have actually started working in the pharmacy. Please identify the pharmacy that has hired you and the anticipated start date to physically work in the pharmacy as a pharmacy support person. If you have already started working in the pharmacy as a pharmacy support person, you must indicate the exact date that you started working in the pharmacy as a pharmacy support person. If you have been working for the company in another capacity, or working in the pharmacy in another pharmacy position, but are just now to begin the duties of a pharmacy support person, indicate the anticipated start date you will begin or the actual start date you began to perform the duties of a pharmacy support person, not the initial date you were hired to work elsewhere with the company or to work in the pharmacy in another position.

## **Disclosure of Criminal History and Disciplinary Action**

The Board considers any prior criminal history and disciplinary actions when issuing pharmacy support person registrations. As part of the application process you will be asked questions about prior criminal history and disciplinary actions.

If you have any questions concerning these requirements, please notify the Board office. If any of these situations pertain to you, there may be delays at the time of registration. We suggest you contact the Board office for information as to what documentation may be necessary for registration. Contacting the Board office about any of these situations may avoid unnecessary delays at the time of registration.

## **For anyone submitting an application:**

You are **strongly encouraged** to perform a background check on yourself through Iowa Courts Online or have your employer perform one prior to submitting your application. Keep in mind that Iowa Courts Online only shows Iowa state court convictions. This is a quick way for you to refresh your memory as to any Iowa state court convictions.

You must disclose all convictions, regardless of where or when they occurred, if the conviction has not been previously disclosed to the Board. When in doubt, disclose your full history. Failure to disclose a criminal conviction could result in delays in processing your application or in your application being denied.

To search Iowa Courts Online, go to: <https://www.iowacourts.state.ia.us>

On the results page, identify ALL cases that pertain to you. **You must disclose ALL cases that pertain to you unless the case was dismissed.** Verify that the word “DISMISSED” appears under the disposition status on the first screen when you click on the case. **If you are unsure of whether or not to disclose something, then you should disclose it.**

**A completed application must include the following:**

- Applicable Pharmacy Support Person Application Fee(s) (**DO NOT SUBMIT PAYMENT IN CASH**).
- A copy of legal photo identification supporting your full legal name (driver’s license, passport, government-issued ID, etc.). **DO NOT SUBMIT A COPY OF YOUR SOCIAL SECURITY CARD OR BIRTH CERTIFICATE**
- A description and documentation of the conviction for any criminal history disclosed. *Renewals: only convictions since your last renewal are required to be reported.*
- A description and documentation of the final disciplinary order for any disciplinary history disclosed. *Renewals: only discipline since your last renewal is required to be reported.*
- A description and documentation of the final denial orders by a licensing authority. *Renewals: only any final denial order(s) from the time of your last renewal are required to be reported.*

<b>Initial Application Fees – DO NOT SUBMIT PAYMENT IN CASH</b>		
Application	Initial Application Fee	\$25.00

<b>Renewal Application Fees – DO NOT SUBMIT PAYMENT IN CASH</b>		
Application postmarked prior to expiration of registration	Renewal Fee	\$25.00
Application postmarked within 30 days after expiration of registration	Renewal and Penalty	\$50.00
Application postmarked more than 30 days after expiration of registration	Reactivation Fee	\$100.00

Submit the completed application with all attachments and a check or money order (**DO NOT SUBMIT PAYMENT IN CASH**) addressed to the Iowa Board of Pharmacy to:

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

**NOTE:** The application fee is a non-refundable administrative fee.

It is your responsibility to report any change of name, address, email address, telephone, or employment status within 10 days of a change.

Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14 subject to exceptions in federal and state law.

# IOWA BOARD OF PHARMACY APPLICATION FOR PHARMACY SUPPORT PERSON REGISTRATION

**400 SW 8<sup>th</sup> St Suite E, Des Moines, IA 50309**

Please type or print legibly in ink. Review the application instructions and complete all application sections and sign. Incomplete or illegible forms will delay the issuance of your registration. Unsigned applications will be returned

<b>Initial Application Fees – DO NOT SUBMIT PAYMENT IN CASH</b>		
Application	Initial Application Fee	\$25.00
<b>Renewal Application Fees – DO NOT SUBMIT PAYMENT IN CASH</b>		
Application postmarked prior to expiration of registration	Renewal Fee	\$25.00
Application postmarked within 30 days after expiration of registration	Renewal and Penalty	\$50.00
Application postmarked more than 30 days after expiration of registration	Reactivation Fee	\$100.00

**Required Documents:**

Copy of legal identification supporting your full legal name  
Criminal or disciplinary history documents, as applicable

<b>Active Duty Military Veteran</b>
---

**Purpose:**                      New                      Renewal/Reactivation                      Registration No. \_\_\_\_\_

<b>1. REGISTRANT INFORMATION: (All fields are required)</b>					
<b>Full Legal Name:</b>	<b>(Last)</b>	<b>(First)</b>	<b>(Middle)</b>		
<b>Date of Birth:</b>		<b>SSN:</b>		<b>Gender:</b>	<b>Male      Female</b>
<b>Previous/Other Name(s) Used:</b>					
<b>Street Address:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>County:</b>		<b>Email Address (required):</b>			
<b>Telephone No. (required):</b>			<input type="checkbox"/> Home <input type="checkbox"/> Mobile		
			If mobile, do you accept text messages		Yes      No

<b>2. EMPLOYMENT: Identify the pharmacy that has hired you and the anticipated start date to physically work in the pharmacy. If you have already started working in the pharmacy, you must indicate the exact date you started working in the pharmacy. Please review the application instructions for more information.</b>					
<b>Pharmacy Name:</b>		<b>Pharmacy License No.:</b>			
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>PIC Name:</b>		<b>PIC Email:</b>			
<b>Date on which you began or anticipated date you will begin working in the secured pharmacy area:</b>		<b>Initial date of hire by the employer, if different than date of hire as a PSP:</b>			

If not currently working in an Iowa pharmacy, you must indicate your activity:

Academia <input type="checkbox"/>	Other-Pharmacy Related <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Non-pharmacy profession/employment <input type="checkbox"/>
If you have indicated your activity as Other-Pharmacy Related, Unemployed, or Non-pharmacy profession/employment, please explain:			

3. PREVIOUS EMPLOYMENT: List your employment experience for the past two years, starting with the most recent. Do not include current employment which you have already listed above.			
Business/Company Name and Address	Position Title	Start Date	End Date

4. LICENSE/REGISTRATION INFORMATION: List all states in which you hold or have ever held a professional license/registration.				
State	License/Registration Type	License No.	Date Issued	Status

5. **CRIMINAL HISTORY:** Have you been convicted of a criminal offense, other than a minor traffic offense, in any jurisdiction, that has not previously been reported to the Board? Conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. Conviction includes Alford pleas and pleas of nolo contendere. You must submit the complaint and judgment of conviction for each offense, and a personal statement regarding whether each conviction directly relates to the practice of the profession. Your application will not be considered complete until all of this information is received by the Board.

YES NO

*If you answered yes, you must provide a signed and dated list of conviction(s), explanation(s) of charges, and attach court records of the conviction(s). Submitting print outs from Iowa Courts Online is not sufficient information.*

6. **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 question below, provide a description and attach final disciplinary orders.**

Have you been disciplined by any licensing authority which has not been previously reported to the Board?

YES NO

Do you have any charges, or knowledge of any complaints or investigations, pending before any licensing authority, which has not been previously reported to the Board?

YES NO

Have you been denied a license or registration by any licensing authority which has not been previously reported to the Board?

YES NO

**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 pharmacy support person registration. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14, subject to exceptions in federal and state law.

**7. REQUIRED SIGNATURE:**

**Signature of Registrant/Applicant:** \_\_\_\_\_ **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(l), 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.*