

# 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/>



## Resident and Nonresident Pharmacy Interim PIC Notification

Complete the notification form for an interim PIC.

**Interim Pharmacist in Charge** - A pharmacy which is without its permanent pharmacist in charge, due to an extended leave of absence but who is not vacating the position, may identify an Interim PIC for a period of time not to exceed 120 days. If the permanent PIC leave of absence will extend beyond 120 days, the pharmacy must initiate a permanent PIC change in accordance with 657 IAC 8.35, via PIC Change application and nonrefundable fee.

Notification of Interim PIC shall not require a PIC Change application or fee. Identification and notification of an Interim PIC will not result in a permanent change of the pharmacy's license. The purpose of the Interim PIC notification is to identify a contact person for the Board in the absence of the permanent PIC.

**Nonresident Pharmacies** – The interim PIC is not required to be licensed or registered with the Board.

The information provided below will also be updated on the pharmacy's CSA registration, if applicable. The pharmacy may need to modify the DEA. If modification is necessary, the interim PIC can visit [deadiversion.usdoj.gov](http://deadiversion.usdoj.gov) and select "Make Changes to My DEA Registration" in the green Registration Support box.

Updated license and registration certificates are available through the pharmacy's Online Profile Portal at [pharmacy.iowa.gov](http://pharmacy.iowa.gov). Please note, the interim PIC for a nonresident pharmacy may not appear on the certificate if they are not a licensed pharmacist or registered PIC in Iowa.

Notification of the PIC's return must be reported to the Board within 10 business days.

Notifications can be submitted via email to [deborah.mcclure@iowa.gov](mailto:deborah.mcclure@iowa.gov) or faxed to 515-281-4609.

1. LICENSEE INFORMATION					
Name of Licensee: <i>(Name in which pharmacy is doing business)</i>					
Iowa License Number:		Federal Tax ID #:			
Iowa CSA Number, if applicable:					
Name of Interim Pharmacist in Charge (PIC):					
Iowa Pharmacist License or PIC Registration Number <i>(if applicable)</i> :					
Pharmacy Address: <i>(physical location of pharmacy)</i>					
Street Address:				Suite #:	
Address:					
City:		State:		Zip Code:	
<b>The phone number must be a direct number to the pharmacy</b>					
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	
<b>The email address must be a direct email to the pharmacy or PIC</b>					
Email Address:				Fax #:	

2. INTERIM PIC IDENTIFICATION <i>(only required if PIC is not licensed/registered with the Iowa Board of Pharmacy)</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:				

3. PERMANENT PIC <i>(notification of the PIC's return must be submitted to the Board within 10 days)</i>			
Permanent PIC Name:			Iowa License/Registration #:
Effective Date of Interim PIC:			
Anticipated Date of Return: <i>(if return date is greater than 120 days a permanent change application is required)</i>			
Was an inventory of all controlled substances taken?	YES	NO	N/A

**A controlled substance inventory is not required; however, it is strongly encouraged**

4. SIGNATURES	
<b>I hereby swear or affirm under penalty of perjury that the information provided in this notification 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>	
Signature of Designated Representative:	
Printed Name and Title:	
Date:	
<b>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.</b>	
Signature of Interim Pharmacist in Charge:	
Printed Name and Title:	
Date:	

*Privacy Act Notice: Disclosure of your Social Security number on this notification 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.*