



IOWA TECHNICIAN TRAINEE REGISTRATION RENEWAL/REACTIVATION INSTRUCTIONS

400 SW 8th St. Suite E
Des Moines, IA 50309-4688
515-281-5944

Complete the attached Iowa Board of Pharmacy technician trainee renewal/reactivation application. When completing this application, please be advised of the following:

- **EFFECTIVE JULY 1, 2021**, a person who is enrolled in a college-based or American Society of Health-System Pharmacists (ASHP)-accredited technician training program must obtain a pharmacy technician trainee registration **prior** to beginning on-site practical experience. A person who is employed in a pharmacy and who is receiving pharmacy technician training through work experience must obtain a pharmacy technician trainee registration **prior** to working in the secured pharmacy area.
- 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.
- Renewals/Reactivations are **not** automatically issued. All applications will be reviewed for completeness and a determination of approval of exceptional circumstances will be made based on evaluation by Board staff unless the application warrants referral to the Board.
- Renewals: To ensure that a timely decision can be made, please submit the application at least 30 days prior to the expiration date of the registration. **If the technician trainee registration expires while the renewal application is pending review, the trainee may not continue to work in the pharmacy.**
- 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.
- National pharmacy technician certification is expected to be attained prior to the expiration of trainee registration.
- **Continuing Education:** If you are an authorized technician who administers immunizations, you are required to complete at least one hour of ACPE-accredited continuing education with the ACPE topic designator "06" followed by the letter "P" or the letter "T."
- **Employment** means that you have been hired by a pharmacy to perform the duties of a pharmacy technician trainee, 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 technician trainee. If you have already started working in the pharmacy as a technician trainee, you must indicate the exact date that you started working in the pharmacy as a technician trainee. 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 technician trainee, indicate the anticipated start date you will begin or the actual start date you began to perform the duties of a technician trainee, not the initial date you were hired to work elsewhere with the company or to work in the pharmacy in another position.
- **Military veteran applicants** are eligible for waiver of the initial application fee and one renewal fee if the applicant was honorably or generally discharged from federal active duty or national guard duty within five (5) years prior to application submission. **Applicants seeking waiver of the initial application fee or renewal fee must submit a copy of their Certificate of Release or Discharge from Active Duty (DD Form 214) or Verification of Military Experience and Training (VMET-DD Form 2586).**

Disclosure of Medical Conditions, Criminal History, and Disciplinary Action

Be advised that the application for technician trainee registration asks about any medical conditions you have that might impair your ability to perform delegated technical functions. The Board also considers any prior criminal history and disciplinary actions when issuing technician registrations. As part of the application process, you will be asked questions about medical conditions that may impair your ability to perform delegated functions, 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/ESAWebApp/DefaultFrame>

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:

- Technician Trainee Renewal/Reactivation Application Fee (**DO NOT SUBMIT PAYMENT IN CASH**) of \$20.
- 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.
- A description and documentation of the final disciplinary order for any disciplinary history disclosed.
- A description and documentation of the final denial orders by a licensing authority.
- A description of any medical condition reportable by the requirements of section 7.
- A Verification of Medical Condition form is required to be completed and submitted by your treating physician(s). The form is available on our website at pharmacy.iowa.gov.
- Explanation of exceptional circumstances to justify why the applicant is seeking renewal/reactivation of the pharmacy technician trainee registration.

Submit the completed application with all attachments and a check or money order for \$20 (DO NOT send 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
RENEWAL/REACTIVATION APPLICATION FOR TECHNICIAN TRAINEE
REGISTRATION**

400 SW 8th St Suite E, Des Moines, IA 50309-4688

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.

FEES									
Application submitted prior to on-site practical experience or employment in a pharmacy								\$20.00	
Do not submit payment in cash.									
Waiver of new or initial renewal registration fee based on honorable or general discharge from military service within the past five (5) years. Applicants seeking waiver of the initial application fee or renewal fee must submit a copy of their Certificate of Release or Discharge from Active Duty (DD Form 214) or Verification of Military Experience and Training (VMET-DD Form 2586).									<input type="checkbox"/>
MILITARY STATUS									
Active Duty Military			Veteran			Spouse of Active Duty Military			
1. APPLICANT INFORMATION: <i>(All fields are required)</i>									
Full Legal Name:		(Last)			(First)			(Middle)	
Date of Birth:		SSN:		Gender:		Male		Female	
Previous/Other Name(s) Used:				Registration No.:					
Street Address:									
Address:									
City:		State:			Zip Code:				
County:		Email Address <i>(required)</i> :							
Telephone No. <i>(required)</i> :		<input type="checkbox"/> Home <input type="checkbox"/> Mobile If mobile, do you accept text messages Yes No							
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.									
Pharmacy Name:					Pharmacy License No.:				
Street Address:									
City:		State:			Zip Code:				
PIC Name:		PIC Email:							
Date on which you began or anticipated date you will begin working in the secured pharmacy area:			Initial date of hire by the employer, if different than date of hire as a technician trainee:						
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 academia, provide the name of the college based or American Society of Health-System Pharmacists (ASHP)-accredited technician training program you are enrolled in and the beginning date of on-site practical experience.									
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. ADVANCED DELEGATED DUTIES: Required for renewal of applicable technician trainee registration			
Sterile Compounding Other	Non-sterile Compounding	Point-of-Care Testing	
Are you an authorized technician who administers vaccines?		YES	NO
If yes, have you completed at least one hour of ACPE-accredited continuing education with the ACPE topic designator "06" followed by the letter "P" or "T"?		YES	NO

6. EXCEPTIONAL CIRCUMSTANCES: Required for renewal or reactivation of a technician trainee registration
In the space below, explain the exceptional circumstances for which you are requesting the renewal/reactivation of your technician trainee registration. Attach additional pages, if necessary.

7. 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.

8. 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

9. MEDICAL CONDITION: *means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.*

Do you currently have a medical condition that in any way impairs or limits your ability to perform the duties of a technician with reasonable skill and safety?

YES NO

Are you currently engaged in the illegal or improper use of drugs or other chemical substances?

YES NO

Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to perform the duties of a technician with reasonable skill and safety?

YES NO

If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?

YES NO

If YES to any of the above, does your field of work, the setting, or the manner in which you perform the duties of a technician, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?

YES NO

If you answered yes to any of the above questions, on a separate sheet of paper provide a signed and dated explanation and submit the “Verification of Medical Condition” form which is to be completed by your treating physician(s). The form is available on our website at pharmacy.iowa.gov.

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

10. REQUIRED SIGNATURE:

Signature of 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(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.