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SEP 28 2015

IOWA BOARD OF PHARMACY

Cover Letter

Jisoo Lee

301 Hawk Drive #3117D, Iowa City, IA 52246

September 28, 2015 Dear Iowa Board of Pharmacy:

I am requesting that I would like to apply for an internship registration with the board office, but since I don't have a social security number, I am requesting a waiver for the social security number requirement. The social security number is not issued to international students, unless it is employed. Thereby, I would like the Iowa Board of Pharmacy to consider a waiver for Chapter 4.6(1).

The internship is present from this year (2015) to May 15, 2019 if the Board of Pharmacy approves this petition. I plan to become employed next summer and apply for social security number when I get the job. If I still need a social security number before next year, I also plan to get a part-time job on the campus, which is legally approved by the University of Iowa.

If board of Pharmacy needs to discuss a petition with me, I can be easily reached by phone at 319-400-2067 or via e-mail at jisoo-lee@uiowa.edu
Thank you for your time and consideration.

Sincerely,
Jisoo Lee

After filling out form, print, sign, and mail to: Iowa Board of Pharmacy
400 SW 8th Street, Suite E, Des Moines, Iowa 50309-4688. Deadline for inclusion on
Board's agenda is three weeks prior to Board meeting.

IOWA BOARD OF PHARMACY
Petition for Waiver Variance
(check the appropriate box)

Case No. or State ID No.

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IOWA BOARD OF PHARMACY

(FOR PHARMACY BOARD USE ONLY)

PLEASE PRINT OR TYPE ALL INFORMATION IN INK

A waiver excuses the petitioner from the requirements of a rule in its entirety or from a part of a rule; a variance does not. Instead, a variance is a modification to the requirements of a rule or a part of a rule. Example: A rule requires the fencing of certain property and further requires that the fence be at least 6 feet in height. A waiver of that rule would excuse the petitioner from the requirement for fencing the property. A variance would require the property be fenced but would allow the petitioner to maintain the current fencing configuration of 5 feet in height (perhaps the fence was constructed prior to the height requirement). When replacement of the current fence becomes necessary as a consequence of normal wear and tear, the variance would terminate and the petitioner would be required to comply with the 6-foot height requirement.

Note: Statutory requirements that have been repeated in administrative rules are not subject to consideration for a waiver or variance.

Is this petition an initial request or is it a request for renewal? Initial Request Request for Renewal
If a request for renewal, explain below why the renewal is necessary.

Petitioner Information (include licensee/registrant name and name of contact person, i.e. pharmacist in charge)

Name: Jisoo Lee Phone No.: 319-400-2067
(include area code)
Address: 301 Hawk Ridge Drive #3117D
City: IOWA CITY State: IA Zip Code: 52246

Petition Information

1. Chapter Number and Title.

Chapter 4 pharmacist - Interns

2. Rule Number(s) and Title(s).

4.6(1) Application for registration - required information

3. Describe in your own words the essence of each Rule Number(s) and Title(s) that pertains to this petition.

The social security number is not issued to international students, unless employed

4. Describe the specific nature and scope of your petition. In your description, include the anticipated time period (beginning and ending) for which the petition would apply. A waiver or variance may not be requested or granted on a permanent basis; the petition must identify an end date.

The internship is present from this year (2015) to May 15, 2019
I am requesting a waiver for the social security number requirement

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400 SW 8th Street, Suite E, Des Moines, Iowa 50309-4688. Deadline for inclusion on
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5. Describe the relevant facts and reasons that, in your opinion, justify and provide "clear and convincing evidence" as to why this petition merits consideration for waiver or variance. In your description, explain why the rule(s) poses an undue hardship. If there is a public health, safety and welfare issue associated with this rule(s), or if this rule(s) addresses security or confidentiality issues, also explain how equal protection will be maintained if this petition were granted.

6. Does anyone else (inside or outside state government) possess knowledge relevant to this petition?

Yes No Do not know

If yes, list their names, addresses and phone numbers below.

Patricia A McCormick
Michael W Kelly

7. Would anyone (inside or outside state government) be adversely affected if this petition were granted?

Yes No Do not know

If yes, list their names, addresses and phone numbers below.

8. Do you know how the Board of Pharmacy has treated similar situations?

Yes No

If yes, describe below how similar situations were handled.

9. Have you had any past interaction with the Board of Pharmacy that might impact or relate to this petition?

Yes No

If yes, describe below the issue involved and the outcome.

I authorize any person with knowledge of the relevant or important facts relating to this petition to release any pertinent information to the Iowa Board of Pharmacy. I hereby attest to the accuracy and truthfulness of the information contained herein.

Jisoo Lee

Petitioner's Signature

23/09/15

Date

APPLICATION FOR REGISTRATION AS A
PHARMACIST-INTERN
(To be completed by pharmacist-intern)

Name Jisoo Lee Telephone No. 319-400-2067

E-Mail Address [REDACTED]

Date of Birth [REDACTED] Social Security No. _____

Permanent address Hyperion 2cha 203dong 203ho makidong Yangcheon-gu
~~Iowa City~~ Seoul South Korea ~~IA~~ ~~EE~~
City State Zip Code

Address while attending college 301 Hawks Ridge 3117 D
Iowa City IA 52246
City State Zip Code

College of Pharmacy _____

Current Status as a Student (circle which year) (1) 2 3 4 5 6

Anticipated date of graduation or date degree granted May 10, 2019

Date internship training will begin August 17, 2015

Have you ever been convicted of or pleaded guilty to a misdemeanor or a felony charge? Yes [] No

If yes, provide details separately.

Have you ever been convicted of or pleaded guilty to a drug- or alcohol-related offense? Yes [] No

If yes, provide details separately.

NOTE: Do not complete the pharmacy name and address information below if you currently do not have a preceptor. When you do have a preceptor and internship site, please notify the Board office.

Name of Pharmacy _____

Address of Pharmacy _____

City State Zip Code

I am aware that I cannot legally compound or dispense drugs except when I do so under the immediate and personal supervision of a licensed pharmacist and I understand that I may not be left in charge of a pharmacy.

I hereby swear 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 revocation or other disciplinary sanctions against my pharmacist-intern registration.

Jisoo Lee
(Signature of Applicant)

19/08/15
(Date)

Registration Fee \$30.00. Remit Check or Money Order Payable to:
Iowa Board of Pharmacy (DO NOT SEND CASH)

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) and 261.126(1) (2007), and Iowa code §272D.8(1) (Supp. 2008). The number will be used in connection with the collection of child support obligations, 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 (2007).

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IOWA BOARD OF PHARMACY

6428



STATE OF IOWA

TERRY BRANSTAD
GOVERNOR
KIM REYNOLDS
LT. GOVERNOR

BOARD OF PHARMACY
THERESE WITKOWSKI
INTERIM DIRECTOR

CERTIFICATE OF ELIGIBILITY

(To be completed by college of pharmacy)

I certify that Jisoo Lee is registered as a student in the college of pharmacy named below, is enrolled in the first professional year in the college of pharmacy, and is satisfactorily progressing toward completion of academic requirements for a degree in pharmacy. The above-named student is eligible for registration as a Pharmacist-Intern effective August 17, 2015. (Date)

Any derogatory information on file?

Yes* No X



(Signed)

Dean, 319-335-8795

(Title and phone number)

The University of Iowa College of Pharmacy

(Name of College)

School Seal

115 S. Grand Avenue

(Address of College)

Iowa City, IA 52242

August 17, 2015

(Date)

* Explain or provide copies of any derogatory information on file.

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