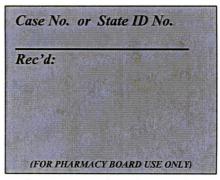
After filling out form, print, sign, and mail to: Iowa Board of Pharmacy 400 SW 8<sup>th</sup> Street, Suite E, Des Moines, Iowa 50309-4688. Deadline for inclusion on Board's agenda is three weeks prior to Board meeting.

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

#### 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 nece	ssary.	

## **Petitioner Information**

Name: Kathy J. Lee, Pharmacy Supervisor (PIC) Phone No.: (515)725-5068

Address: DSM Central Correctional Pharmacy 250 Elm Ave SW

City: Mitchellville State: IA Zip Code: 50169

## **Petition Information**

1. Chapter Number and Title.

#### **Chapter 5- Pharmacy Support Persons**

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

5.17(155A) #10 Tasks a pharmacy support person shall not perform

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

Pharmacy support persons are not allowed to pre-package or label, unit dose meds for unit dose cart fills.

4. 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.

Our support person has extensive experience and knowledge in operating automatic machines. She has all the knowledge needed to be a technician, because she worked as one for 13 years, but she cannot pass the test, due to a reading disability.

JUN 0 9 2016

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The pharmacy has a MTS 500, 30 day blister packing machine. It requires some mechanical knowledge, to keep it running properly. She can run this packaging machine like no one else in the pharmacy can.

We will be checking the drugs before and after she sets up the machine, then again after they are packaged.

She will be retiring in the year 2020 so we would like this variance to last only until she retires. We hope to have a technician trained on running the machine by that time.

to have a techni	cian trained o	n running the machine by that time.				
6. Does anyone else (inside or outside state government) possess knowledge relevant to this petition?						
[ ] Yes	[⊠] No	[ ] Do not know				
If yes, list the	eir names, addre	esses and phone numbers below.				
Would anyone (i	nside or outsid	le state government) be adversely affected if this petition were granted?				
[ ] Yes	[⊠] No	[ ] Do not know				
If yes, list the	eir names, addre	esses and phone numbers below.				
Do you know ho	w the Board of	Pharmacy has treated similar situations?				
[ ] Yes	[⊠] No					
If yes, describ	be below how s	similar situations were handled.				
Have you had an	ny past interacti	ion with the Board of Pharmacy that might impact or relate to this petition?				
[ ] Yes	[⊠] No					
If yes, describ	be below the is	sue involved and the outcome.				
ertinent information	to the Iowa	edge of the relevant or important facts relating to this petition to release any Board of Pharmacy. I hereby attest to the accuracy and truthfulness of the				
Kauny etitioner's Signature	Jolee	6/6/16 Date				
	Does anyone else  [ ] Yes  If yes, list the  Would anyone (i  [ ] Yes  If yes, list the  Do you know ho  [ ] Yes  If yes, describ  Have you had an  [ ] Yes  If yes, describ  authorize any personation formation contained  Kathura	Does anyone else (inside or out  [				