

# Iowa Board of Pharmacy

## Telepharmacy License Application Instructions

Complete the attached Iowa Board of Pharmacy application for telepharmacy license. Be sure to check the box for the relevant application type (New, Renewal, Name Change, Ownership Change, or Location Change).

A new pharmacy location in Iowa requires an on-site inspection by an authorized agent of the board. The application for pharmacy license must be submitted to the Board at least 14 days prior to the anticipated inspection.

Failure to submit a complete and timely application will delay the processing of your application.

An incomplete application for licensure will only be maintained for a maximum period of 6 months. Failure to submit all required information within 6 months of submission of the original application, including completion of a successful on-site inspection when required, will result in the application becoming null and void and any fees submitted with the application are forfeited and will not be transferred or refunded. Submit the completed application, including the instruction checklists, all attachments, and a check in the appropriate amount made payable to the Iowa Board of Pharmacy to:

Iowa Board of Pharmacy  
400 SW 8<sup>th</sup> St. Ste. E  
Des Moines, IA 50309-4688

**PIC Changes (permanent and temporary)** - requires the submission of either the "Application for Permanent PIC Change" (when a new permanent PIC is identified) or the "Notification for Temporary PIC Change Form" (when a temporary PIC is identified). **DO NOT USE THIS APPLICATION.**

**Name Change** – A change of the name under which the pharmacy is doing business requires the submission of a completed application and fee prior to the change of name.

**Location Change** - A change of pharmacy location requires the submission of a completed application and fee prior to the change of location. A pharmacy undergoing a change of location is required to notify patients of the change in accordance with 657 IAC 8.35(7)“d”. A change of pharmacy location in Iowa may require an on-site inspection of the new location as provided in 657 IAC 8.35(4).

**Ownership** - A change of ownership requires the submission of a completed application and fee prior to the change in ownership. A change of ownership occurs when the owner listed on the pharmacy’s most recent pharmacy license application changes or when there is a change affecting the majority ownership interest of the owner listed on the pharmacy’s most recent pharmacy license application. A pharmacy undergoing a change in ownership is required to notify the Board, the pharmacist in charge and patients of the change in accordance with 657 IAC 8.35(7).

**All application fees are non-refundable and non-transferrable.**

<b>Initial Application Fees</b>	
Initial Pharmacy License Application Fee	\$135.00
Initial Controlled Substance Act Registration (CSAR) Application Fee <i>(a pharmacy that handles controlled substances within or into Iowa is required to obtain a CSAR)</i>	\$90.00
<b>License Change Application Fees</b> – Changes to the name, ownership, license type, and/or location require the submission of a completed application and applicable fee(s). Multiple changes to a license within the same application require only a single fee for the license and a single fee for the CSAR(s). See the above instructions for additional information.	
Pharmacy License Application Fee	\$135.00
CSAR Application Fee (if applicable)	\$90.00
<b>Late License Change Application Fees</b> – These fees are due for applications that are not timely submitted, but are submitted within 30 days of the required submission period. These fees include the timely application fee and penalty fee and are <b>not</b> in addition to the previously identified fees.	
Pharmacy License Application including Penalty Fee	\$270.00
CSAR Application including Penalty Fee	\$180.00
<b>Reactivation Fee</b> – These fees are due for applications submitted more than 30 days after required submission period. These fees include the application fee and penalty fee and are <b>not</b> in addition to the previously identified timely application fee or application and penalty fee.	
Pharmacy License Reactivation Fee	\$540.00
CSAR Reactivation Fee	\$360.00

<b>APPLICATION CHECKLIST</b>	
A copy of the executed written agreement between the managing pharmacy and the telepharmacy (Rule 657-13.3)	<input type="checkbox"/> YES
Proof that the managing pharmacy is within a 200 mile radius of the telepharmacy (Mapquest/Google maps, etc.)	<input type="checkbox"/> YES
Proof that the telepharmacy is at least 10 miles from the nearest licensed pharmacy that dispenses prescription drugs to outpatients (Mapquest/Google maps, etc.) <b>or</b> if telepharmacy is within 10 miles from the nearest licensed pharmacy that dispenses prescription drugs to outpatients a waiver request (pursuant to Iowa Code 155A.13(3)“d”). These are not required if: <ul style="list-style-type: none"> <li>● Telepharmacy site was approved prior to July 1, 2016,</li> <li>● Telepharmacy site is located within a hospital campus and services will be limited to in-patient dispensing, or</li> <li>● Telepharmacy site is located on property owned, operated, or leased by the state</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Copies of all technicians’ current national certifications	<input type="checkbox"/> YES
A copy of the required signage (Subrule 657-13.8(4))	<input type="checkbox"/> YES
A description and documentation of the conviction for any criminal history disclosed	<input type="checkbox"/> YES <input type="checkbox"/> N/A
A description and documentation of the final disciplinary order for any disciplinary history disclosed	<input type="checkbox"/> YES <input type="checkbox"/> N/A

**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/>



**APPLICATION FOR TELEPHARMACY LICENSE**

Please type or print legibly in ink. Applications submitted to change the license name, owner, license type, location must complete the “effective date of change” field(s). **Incomplete or illegible forms will delay the issuance of your license.**

APPLICATION TYPE		
New <input type="checkbox"/> Anticipated Date of Opening:	Renewal <input type="checkbox"/>	
Ownership Change <input type="checkbox"/> Effective Date of Change:	Name Change <input type="checkbox"/> Effective Date of Change:	Location Change <input type="checkbox"/> Effective Date of Change:

1. LICENSEE/APPLICANT INFORMATION	
Name of Licensee/Applicant: <i>(Name in which pharmacy is doing business)</i>	
Iowa License Number:	Federal Tax ID #:
Legal Name of Pharmacy:	
Pharmacy’s NABP e-Profile ID:	

If you do not have an NABP e-profile number, you may create one by going to [nabp.pharmacy](http://nabp.pharmacy)

Pharmacy Address <i>(physical location of the pharmacy)</i>			
Street Address:	Suite #:		
Address:			
City:	State:	Zip Code:	
<i>The phone number must be a direct number to the pharmacy</i>			
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
Alternative 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

The email address must be a direct email to the pharmacy or PIC

Email Address:	Fax #:		
Web Site:			
Mailing Address <i>(where all correspondence regarding licensure will be sent if other than pharmacy’s physical address)</i>			
Street Address:	Suite #:		
Address:			
City:	State:	Zip Code:	

<b>Nearest Pharmacy</b>			
<b>Name of Nearest Pharmacy:</b>			
<b>Physical Address:</b>		<b>City:</b>	
<b>Distance to Nearest Pharmacy:</b>			

<b>2. MANAGING PHARMACY INFORMATION</b>			
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<b>Pharmacy Name:</b>		<b>License No.:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	
<b>Managing Pharmacy Pharmacist in Charge (PIC)</b>			
<b>Name:</b>		<b>License No.:</b>	
<b>Telepharmacy PIC (The PIC of the telepharmacy must be employed by the managing pharmacy)</b>			
<b>Same as managing pharmacy's PIC?</b>	<b>Yes</b>	<b>No</b>	<b>If no, complete below information</b>
<b>Name:</b>		<b>License No.:</b>	
I, _____, (managing pharmacist) swear or affirm that the above-named individual has been designated as the PIC of the telepharmacy named in this application.			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			
I, _____ (telepharmacy PIC) swear or affirm that I am employed by the managing pharmacy and am the designated PIC of the telepharmacy named in this application.			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			
<b>Pharmacy Ownership</b> <i>A change of ownership occurs when the owner listed on the pharmacy's most recent application changes or when there is a change affecting the majority ownership interest of the owner listed on the pharmacy's most recent application. A change to a type of corporation is an ownership change if the name of the corporation changes in any respect (i.e. ABC, Inc. changes to ABC, LLC).</i>			
<b>Owner Name:</b>			
<b>Owner Address:</b>			
<b>City, State, Zip:</b>			
<b>Owner Phone Number:</b>		<b>Fax:</b>	
<b>Email:</b>			
<b>Type of Ownership:</b>			
<b>Sole Proprietorship</b>	<b>Partnership</b>	<b>C Corporation</b>	
<b>S Corporation</b>	<b>LLC</b>	<b>Government</b>	
<b>Date Established:</b>			
<b>State of Incorporation (if applicable):</b>			

<b>3. TELEPHARMACY OPERATIONS</b>			
<b>Hours of Telepharmacy Operation</b> (example: 8:00 a.m. to 5:00 p.m. or CLOSED)			
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			
<b>Number of Pharmacist Hours Per Month:</b>			
<b>Rule 657-13.9(6) requires a pharmacist to be on-site at the telepharmacy for a minimum of 16 hours per month. The pharmacist's schedule must be consistent and made available to the public.</b>			
<b>Description of Pharmacist on-site schedule:</b>			
<b>Type of Pharmacy Services</b> (check all that apply)			
Dispense Controlled Substances		Sterile Compounding	
Nonsterile Compounding		Immunizations	
Medication Therapy Management		Point-of-Care Testing	
Unit Dose Dispensing		Delivery/Mail Service	
Collaborative Practice Agreements		Med Paks	
<b>Other:</b>			
<b>Review rule 657-13.8(7) for information on prohibited activities in the absence of the pharmacist</b>			
<b>Description of the technology being utilized to provide telepharmacy services:</b>			

<b>4. CONTROLLED SUBSTANCES</b> (Attach copy of DEA registration, if applicable)			
<b>Do you handle controlled substances within or into Iowa? If yes, a fee is required for new registrations and changes to licensee information (see instructions for additional information)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DEA Registration #:</b>		<b>Expiration Date:</b>	
<b>Iowa CSA Registration #:</b>		<b>Expiration Date:</b>	
<b>Check schedules of controlled substances that you intend to dispense in or into Iowa:</b>			
Schedule II Narcotic		Schedule II Nonnarcotic	
Schedule III Narcotic		Schedule III Nonnarcotic	
Schedule IV		Schedule V	
<b>FOR RENEWALS: Number of controlled substances prescriptions dispensed in or into Iowa last year:</b>			
<b>FOR RENEWALS: Number of opioid prescriptions dispensed in or into Iowa last year:</b>			

5. TELEPHARMACY PERSONNEL			
Name	License/registration #:	Expiration date:	Title:

*The regulatory questions only require an affirmative answer if there has been a reportable offense specific to the licensed location since the last application*

6. DISCIPLINARY ACTIONS <i>(new applicants must disclose all disciplinary actions described below; change applications must include information not previously reported and provided to the Board)</i>	
Since your last application, has the telepharmacy, the telepharmacy's owner, or any officer or partner ever been disciplined by any licensing authority? Discipline includes, but is not limited to, citations, reprimands, fines, and license/registration restrictions, probation, suspension, revocation, or surrender.	YES NO
Since your last application, have any of the telepharmacy personnel listed on the application ever been disciplined by any licensing authority?	YES NO
Since your last application, has the telepharmacy, any owner, or telepharmacy personnel listed on the application been denied a license by any licensing authority?	YES NO
Since your last application, does the telepharmacy, the telepharmacy's owner, any officer or partner (if the telepharmacy is owned by a corporation or partnership), or any telepharmacy personnel listed on the application have any charges, or knowledge of any complaints or investigations, pending before any licensing authority?	YES NO

7. CRIMINAL HISTORY <i>(new applicants must provide a complete history; change applications must include information not previously reported and provided to the Board)</i>	
Since your last application, has the telepharmacy, the telepharmacy's owner, or any officer or partner (if the telepharmacy is owned by a corporation or partnership) ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime related to prescription drugs, controlled substances, healthcare, or the practice of pharmacy in any jurisdiction? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction.	YES NO

8. SIGNATURE	
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 the telepharmacy's license or the pharmacist in charge's license. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.	
Signature of Applicant or Designated Representative:	
Printed Name and Title:	
Date:	