

Iowa Board of Pharmacy

400 S.W. 8th St. Ste. E
Des Moines, IA 50309-4688
515-281-5944
<https://pharmacy.iowa.gov/>



APPLICATION FOR CONTROLLED SUBSTANCES ACT REGISTRATION (Business)

New

Renewal

Change

Registration Fee: \$90.00

Penalty fee of \$90 imposed if renewed within 30 days after expiration

Reactivation fee of \$360 imposed if renewed more than 30 days after expiration

Name and address change fee of \$90 imposed for non-pharmacies or hospitals

Pharmacy and hospital name, address, ownership, or responsible individual changes must submit the "Resident and Nonresident Pharmacy License Application"

Submit check or money order payable to Iowa Board of Pharmacy – DO NOT SEND CASH

Please type or print legibly in ink. Complete all application sections and sign. **Incomplete or illegible forms will delay the issuance of your registration.**

Iowa CSA Registration No.:		Expiration Date:	
1. REGISTRANT INFORMATION:			
Business Name (dba):			
FEIN:		Federal DEA #:	
		Expiration Date:	

PHYSICAL BUSINESS ADDRESS:			
Legal Business Name:			
Street Address:		Suite #:	
Address:			
City:		State:	
		Zip Code:	
County:		Business Telephone #:	
Email Address:		Fax #:	
Website:			
MAILING ADDRESS: (if different than physical address)			
Address:		Suite #:	
Address:			
City:		State:	
		Zip Code:	

RESPONSIBLE INDIVIDUAL			
Full Legal Name:	(Last)	(First)	(Middle)
Social Security No.:		Date of Birth: (MM/DD/YYYY)	
Email Address:		Professional Abbreviation:	
Iowa Professional License #:		Expiration Date:	

2. LICENSURE INFORMATION:			
Iowa Business License #:		Expiration Date:(mm/dd/yyyy)	

BUSINESS TYPE:		
General Retail Pharmacy	Hospital	Manufacturer
Distributor	Pharmacy	Care Facility
Analytical Lab	Import/Exporter	Outsourcing Facility
Teaching Institution	Religious Organization	Researcher – Business
Emergency Service Program	Clinic	

OWNERSHIP TYPE:		
C Corporation	Government	LLC
Partnership	S Corporation	Sole Proprietorship

3. CONTROLLED SUBSTANCES: Check schedules in which you intend to handle (including prescribe) any controlled substances. (Researchers must include a copy of the research protocol)			
Schedule I (Research or Analytical Lab only)			
Schedule II Narcotic		Schedule II Nonnarcotic	Schedule III Narcotic
Schedule III Nonnarcotic		Schedule IV	Schedule V
Refer to https://pharmacy.iowa.gov/licensureregistration/controlled-substance-applications for description of drug schedules			

LOST OR STOLEN CONTROLLED SUBSTANCES:				
During the past two years have any controlled substances under your control or ownership been lost or stolen? If yes, indicate the number of incidents next to the applicable reason(s).			YES	NO
Break-In:		Armed Robbery:		Employee Pilferage:
Customer Theft:		Lost in Transit:		Other (explain in description):

4. DISCIPLINARY ACTIONS: (new applicants must disclose all disciplinary actions described below)				
Since the last renewal has the applicant, any owner, officer or partner had a professional license revoked, suspended, or otherwise disciplined?				
			YES	NO
If yes, was the discipline related to controlled substances or does it limit the ability to handle CS?				
			YES	NO
Include a separate sheet listing the disciplinary action taken by any licensing authority and include documentation of any final disciplinary orders issued if not previously provided to this Board.				
Attachment included:		YES	N/A	
Since the last renewal, has the applicant, any owner, officer or partner surrendered (in lieu of disciplinary action) or had a CSA or DEA registration, revoked, suspended, disciplined, or denied?				
			YES	NO
Include a separate sheet providing a signed and dated explanation of each surrender, revocation, suspension, disciplinary sanction, or denial and include documentation of any final orders issued if not previously provided to this Board.				
Attachment included:		YES	N/A	
Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?				
			YES	NO
Include an explanation for any pending investigations, complaints, or charges.				
Attachment included:		YES	N/A	

5. CRIMINAL HISTORY: (new applicants must provide a complete history)		
<p>Since the last renewal have any of the applicant(s), 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 your profession, 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. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.)</p>		
	YES	NO
<p>Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s) if not previously provided to this Board.</p>		
Attachment included:	YES	N/A

6. SIGNATURE:	
<p>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 registration. I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to exceptions in federal and state law.</p>	
Signature of Applicant:	
Date:	
Printed Name:	
Title:	

Privacy Act Notice: Disclosure of your Social Security Number on this application is required by 42 U.S.C. § 666(a)(13) and Iowa Code chapters 252J, 261, and 272D. This number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the State of Iowa; as an internal means to accurately identify registrants; and may be shared with taxing authorities as allowed by law, including Iowa Code § 421.18.