

Iowa Board of Pharmacy

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



<input type="checkbox"/>	Active Duty Military
<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Spouse of Veteran

PHARMACIST-INTERN REGISTRATION APPLICATION

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

REGISTRANT INFORMATION					
Full Legal Name:	(Last) Alanis	(First) Jacob	(Middle) Hugo		
Date of Birth:	[Redacted]	SSN:	[Redacted]	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Previous/Other Name(s) Used:					
PRIMARY ADDRESS:					
Street Address:	600 E Clay St.				
Address:					
City:	Mt. Pleasant	State:	IA	Zip Code:	52641
County:	Henry	Email Address (required): [Redacted]			
Telephone No. (required):	[Redacted]	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Mobile		If mobile, do you accept text messages <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS WHILE ATTENDING COLLEGE (if other than primary address):					
Address:				Suite #:	
Address:					
City:	State:		Zip Code:		

COLLEGE OF PHARMACY	
Name of College:	University of Iowa College of Pharmacy
Current Status as a Student:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Anticipated date of graduation or date degree granted:	May 2024
Date internship training will begin:	08/24/2020

INTERNSHIP (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)			
Pharmacy Name:	Pharmacy License No.:		
Street Address:	Suite #:		
City:	State:	Zip Code:	
Telephone No.:	Pharmacy Email:		

CURRENT EMPLOYMENT (If currently employed in a pharmacy indicate the information for each pharmacy where you are currently employed)

Pharmacy Name:		Pharmacy License No.:	
Street Address:		Suite #:	
City:		State:	
		Zip Code:	
Telephone No.:		Date of Hire:	

If not currently working in an Iowa pharmacy you must indicate your activity:

Academia <input checked="" type="checkbox"/>	Other-Pharmacy Related <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Non-pharmacy profession/employment <input type="checkbox"/>
--	---	-------------------------------------	---

LICENSE/REGISTRATION INFORMATION (List all states in which you are or have ever held a professional license/registration)

STATE:	LICENSE/REGISTRATION TYPE:	LICENSE NO.:	DATE ISSUED:	STATUS:
IA	Pharmacy Support	5998	06/14/2018	Current/Active

CRIMINAL HISTORY (If you answer yes, you must list all convictions below, attach additional pages if necessary. On a separate sheet of paper provide a signed and dated explanation and attach court records of the conviction(s))

Have you been convicted, found guilty of, or entered a plea of guilty or no contest to a criminal offense, including actions that resulted in a deferred or expunged judgment (but excluding minor traffic offenses)?

YES NO

Do you currently have any criminal charges pending against you in any jurisdiction?

YES NO

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 of the questions below provide a description and attach final disciplinary orders)

5 Years Probation First Court.

Have you ever been disciplined by any professional licensing authority? YES NO

Do you have any charges, or knowledge of any complaints or investigations, pending before any professional licensing authority? YES NO

Have you ever been denied a license or registration by any professional licensing authority? YES NO

MEDICAL CONDITION (If you answer yes to any of the questions below, on a separate sheet of paper provide a signed and dated explanation.)

Do you currently have a medical condition that in any way impairs or limits your ability to perform the duties of a pharmacist-intern 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 pharmacist-intern with reasonable skill and safety?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 pharmacist-intern, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

JA 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 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 pharmacist-intern registration. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

REQUIRED SIGNATURE:

Signature of Applicant: Bob Ames Date: 05/27/2020

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 §§ 252J.8(1), 261.126(1), and 272D.8(1). The 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, and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Reminder: Iowa law requires a pharmacist-intern to notify the Board within 10 days of a change of legal name, residence address, or employment.



Iowa Board of Pharmacy

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

Certificate of Eligibility

(To be completed by the college of pharmacy)

I, Donald Letendre certify that Jacob Alanis
is registered as a student in the college of pharmacy name 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 08/24/2020.
(Date)

Any derogatory information on file? Yes* No

Donald E. Letendre

School
Seal

Dean 319-335-8795 (Signed)
University of Iowa (Title and phone number)
180 S Grand Avenue (Name of College)
Iowa City IA 52242 (Address of College)
06/08/2020 (Date)

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

Jacob Alanis
Jacob.alanis1@gmail.com
600 E Clay St.
May 27, 2020

To Whom It May Concern:
Subject: Pharmacist Intern Registration

As you now know, I was unfortunately involved in a shameful chain of events that led to an unsatisfactory background check. While it is true that my background is unsatisfactory. I can only ask that the person/people reading this go out on a limb, and give someone like me an opportunity. The mistakes I made are now in the past, and I don't believe they have defined me. I have learned from them, and I have grown. With that being said, I only seek an opportunity to prove myself, and that would mean the absolute world to me. I understand that what I have done is unforgivable, but I see me getting my pharmacy internship license for pharmacy school as a step in the right direction. I believe that everyone makes mistakes in life, but no one should have to pay for them for the rest of their life. Not only was becoming a pharmacist a goal of mine, but also a dream. With everything considered, I hope that I can still be a candidate to receive an internship license.

Sincerely,

Jacob Alanis
[REDACTED]

IN THE IOWA DISTRICT COURT IN AND FOR HENRY COUNTY

STATE OF IOWA

Vs.

JACOB H ALANIS,
Defendant

)
)
)
)
)
)

CASE NUMBER: FECR007872
COUNT II

ORDER TO DISMISS

On this date and for the reasons set forth in the State's Motion, IT IS ORDERED that the Motion to Dismiss is granted and the above cause is dismissed _____ with X without prejudice. Appearance bond is exonerated.

_____ Defendant is discharged from probation in this matter.

_____ The No Contact order, if any, _____ shall remain in force _____ is cancelled.

X Costs to be paid by X Defendant _____ State.

_____ The arrest warrant, if any, is cancelled and recalled.

Sentenced on: 3/02/2020



State of Iowa Courts

Type: ORDER DISMISSING AT APPLICATION

Case Number **Case Title**
FECR007872 STATE OF IOWA VS ALANIS, JACOB H

So Ordered

A handwritten signature in cursive script, appearing to read "Wyatt Peterson".

Wyatt Peterson, District Court Judge
Eighth Judicial District of Iowa



Henry County Attorney

Courthouse---100 E. Washington St., Suite 101,
Mount Pleasant, Iowa 52641-1949
Phone (319) 385-0752 Fax (319) 385-0778
Email: coattorney@henrycountyiowa.us

Darin R. Stater
County Attorney

Ed Harvey, Assistant County Attorney
Terri Quartucci, Assistant County Attorney

Plea Proposal

State of Iowa

Criminal No.: FECR007872

Vs.

JACOB H ALANIS,

November 5, 2019

CHARGE(S): Sexual Exploitation of a Minor -- Promote Film, Class D Felony
Sexual Exploitation of a Minor -- Purch/Possess, Aggravated Misdemeanor

The following proposal is recommended:

The Defendant will plead to: The Charge, D Felony

Prison or Jail: Deferred if eligible

Fine: 750.00

Dismiss: Remaining Charge

Restitution: Jail fees, if applicable;

Special Conditions:


Ed Harvey, Assistant County Attorney

Attorney for Defendant: DJ Arbabha