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

- ☐ Active Duty Military
- ☐ Veteran
- ☐ 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) Peters	(First) Alexandra		(Middle) Kay	
Date of Birth:	[redacted]	**SSN:**	[redacted]	**Gender:**	☐ Male ☑ Female
Previous/Other Name(s) Used:					
PRIMARY ADDRESS:					
Street Address:	2533				
Address:	Dean Ct				
City:	Brookings	**State:**	SD	**Zip Code:**	57006
County:	Brookings	**Email Address (*required*):**	[redacted]u		
Telephone No. (*required*):	[redacted]	☐ Home ☑ Mobile If mobile, do you accept text messages ☑ Yes ☐ No			
ADDRESS WHILE ATTENDING COLLEGE (*if other than primary address*):					
Address:				**Suite #:**	
Address:					
City:		**State:**		**Zip Code:**	

COLLEGE OF PHARMACY	
Name of College:	South Dakota State University
Current Status as a Student:	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☑ 6 ☐
Anticipated date of graduation or date degree granted:	05/2022
Date internship training will begin:	N/A

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:	Hy-Vee Pharmacy #1039			**Pharmacy License No.:**	100-1864
Street Address:	790 22nd Avenue South			**Suite #:**	
City:	Brookings	**State:**	SD	**Zip Code:**	57006
Telephone No.:	605-692-7311	**Date of Hire:**	10/2018		

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

Academia ☒	Other-Pharmacy Related ☐	Unemployed ☐	Non-pharmacy profession/employment ☐

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:
SD	Pharmacist-Intern	I-2856	09/08/2018	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)*

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?	☐ **YES**	☑ **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?	☐ **YES**	☐ **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?	☐ **YES**	☐ **NO**

X____ **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: ____________________ Date: 7/21/2020

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(l), 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.