

# IOWA BOARD OF PHARMACY

## APPLICATION FOR TECHNICIAN REGISTRATION

**RECEIVED**  
 JUL 01 2020  
 IOWA BOARD OF PHARMACY

**400 SW 8<sup>th</sup> St Suite E, Des Moines, IA 50309**

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.**

**Purpose:**       New       Renewal      Registration #: \_\_\_\_\_

**1. Applicant/Registrant** (A copy of legal identification supporting your full legal name is required to be submitted with the completed application and fee):

Full Legal Name: (Last) Stewart      (First) Douglas      (Middle) William

Previous/Other Name(s) Used: Doug      Date of Birth: \_\_\_\_\_

Address: 13016 S. 15th      Social Security No.: \_\_\_\_\_

Gender:  Male       Female

City: Burlington      State: IA      Zip Code: 52601      County: Des Moines

Email: (required) \_\_\_\_\_      Phone: \_\_\_\_\_  Home       Mobile

NABP e-profile ID: \_\_\_\_\_

**2. Current Employment:** Indicate the Iowa license number for each pharmacy where you are currently employed as a certified technician (CPhT) or will be performing the functions requiring a CPhT registration and the exact date of hire as a CPhT.

Initial date of hire at the pharmacy, if different than date of hire as a CPhT: \_\_\_\_\_

PHARMACY NAME, ADDRESS, CITY	PHARMACY LIC.#	DATE HIRED IN PHARMACY AS CPhT
PIC NAME:	PHONE:	PIC Email:

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

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

**3. Previous Employment:** List your employment experience for the past two years, starting with the most recent. Do not include current employment which you have already listed above.

BUSINESS/COMPANY NAME AND ADDRESS	POSITION TITLE	START DATE	END DATE
<u>HuVee, 3140 E. Agency, Burlington</u>	<u>Pharm. Tech</u>	<u>8/03</u>	<u>10/20/13</u>

**4. 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

**5. National Certification:** (You must include a copy of your current national certified pharmacy technician certificate (PTCB or NHA))

Certification Type (PTCB or NHA)	Certification #	Status	Original Date	Effective Date	Expiry Date
NHA	10-06-521	Active		6-28-10	6-28-22

**6. Criminal History: Renewals: only convictions from the time of your last renewal are required to be reported.**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must disclose 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.)  YES  NO

If you answered 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).

	Date	List each charge, arrest or conviction	County	State	Outcome
1.	10/15/14	Possession Child Pornography	N/A	Fed	Convicted
2.	10/15/14	Distribution Child Pornography	N/A	Fed	Convicted

**Disciplinary History:** includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation. **Renewals: only discipline or final denial orders from the time of last renewal are required to be reported.** 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 licensing authority?  YES  NO

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

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

Definitions (Important! Read these definitions before completing the following questions.)

**"Ability to perform required technician-related tasks with reasonable skill and safety"** means ALL of the following:

- The cognitive capacity to use pharmacy systems to obtain necessary patient and prescription related information to process prescriptions
- The ability to effectively communicate information to pharmacists, providers, other technicians, pharmacy support persons, and patients
- The ability to perform required tasks such as filling prescriptions, stocking medications, replenishing pharmacy supplies, and other tasks as determined by the pharmacist on duty

**"Medical condition"** means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

**“Chemical substances”** means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“Currently”** does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and perform the duties required of a technician, or has adversely affected the ability to function and perform the duties required of a technician within the past two (2) years.

**“Improper use of drugs or other chemical substances”** means ANY of the following:

- The use of any controlled drug, legend drug, or other chemical substances for any purpose other than as directed by a licensed health care practitioner; and
- The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

**“Illegal use of drugs or other chemical substances”** means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

**7. Medical Condition:** means any physiological, mental or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

- a. Do you currently have a mental condition that in any way impairs or limits your ability to perform the duties of a technician with reasonable skill and safety?  YES  NO
- b. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?  YES  NO
- c. 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 technician with reasonable skill and safety?  YES  NO
- d. 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
- e. 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 technician, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?  YES  NO

If you answered yes to any of the above questions, on a separate sheet of paper provide a signed and dated explanation and submit the “Verification of Medical Condition” form which is to be completed by your treating physician(s). The form is available on our website at [pharmacy.iowa.gov](http://pharmacy.iowa.gov)

I hereby swear 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 technician registration. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

**8. REQUIRED SIGNATURES:**

Signature of Applicant/Registrant:  Date: 6-29-2020

Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §§2521.8(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 registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

*William Douglas Stewart*

**IOWA**

**DRIVER LICENSE**

**STEWART DOUGLAS WILLIAM**

1306 S 15TH ST  
BURLINGTON, IA - 52601

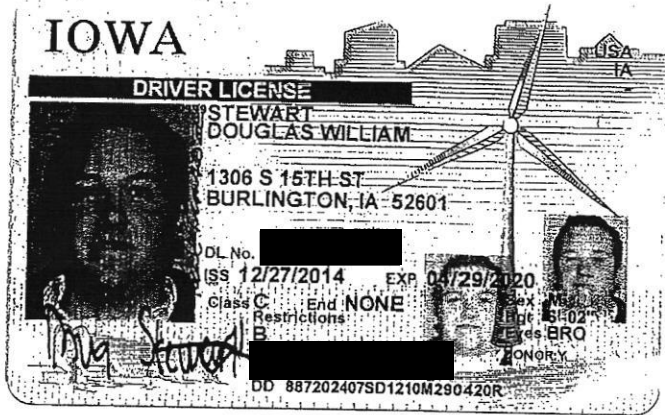
DL No. [REDACTED]  
ISS 12/27/2014 EXP 04/29/2020

Class C End NONE  
Restrictions B

Sex M Hgt 5'02"  
Eyes BRO

*William Stewart*

DD 887202407SD1210M290420R





SMARTER | SIMPLER | CUSTOMER DRIVEN

[www.iowadot.gov](http://www.iowadot.gov)

Driver & Identification Services  
PO Box 9204 || Des Moines, IA 50306-9204  
Phone: 515-244-9124 || Fax: 515-239-1837

Douglas William Stewart  
1306 S 15th St  
Burlington, IA 52601

Cust No: 4082717  
DL No: [REDACTED]  
Date: 06-01-2020

Dear Douglas Stewart,

SUBJECT: Driver's License Extension

Thank you for writing regarding the extension of your Iowa Driver's License.

Under the provisions of Iowa Code section 321.196, any resident of Iowa holding a valid driver's license that is temporarily absent from the state, or incapacitated, may, at the time for renewal for such a license, apply to the department for a temporary license.

This letter is the extension of your license. It must be carried with your driver's license to show that it has been extended under Iowa law, until 30 days after your return to Iowa, providing such nonresidency does not exceed six months from the expiration of your license. This letter must be presented at the time application for renewal is made.

**YOUR CURRENT LICENSE, EXPIRING ON 04-29-2020, IS EXTENDED UNTIL 10-29-2020.**

If I may be of further assistance, please let me know.

Sincerely,

Driver & Identification Services

National Healthcareer Association®



*Douglas Stewart*

has successfully completed the requirements set forth  
by the NHA as a ExCPT Pharmacy Technician (CPhT)



*Douglas Viehland*

Douglas Viehland, CAE  
Executive Director-Certifications

Certification #10-06-521

Eff. Date 06/28/2010

Exp. Date 06/28/2022

Please Note: All certifications are required to maintain CE Credits.

This certificate should only be used in conjunction with a validated NHA ID Card when used as proof of Certification.

**Summary**

Title: STATE OF IOWA vs STEWART, DOUGLAS WILLIAM  
 Case: 08291 STA0012364 (DES MOINES)  
 Citation Number: P1303620910281519388

**Originating County**

**Created**

DES MOINES

10/29/2009

**Disposition Status**

**Disposition Date**

**Reopened Date**

**Microfilm Ref**

VIOLATIONS HANDLED BY  
 CLERK

11/11/2009

**Charges      Speedy Trial:**

<b><u>Count</u></b>	<b><u>Original Charge</u></b>	<b><u>Offense Date</u></b>	<b><u>Charge Class</u></b>	<b><u>Adjudication</u></b>	<b><u>Adjudication Charge</u></b>	<b><u>Adjudication Class</u></b>
01	SPEEDING OVER 55 ZONE (6 THRU 10 OVER)	10/28/2009	SCHEDULED VIOLATION	GUILTY - NEGOTIATED/VOLUN PLEA	SPEEDING OVER 55 ZONE (6 THRU 10 OVER)	SCHEDULED VIOLATION

CN=kstewart,O=JUDICIAL

Please Logoff when you are through accessing case detail

Title: STATE OF IOWA vs STEWART, DOUGLAS WILLIAM  
 Case: 08511 STA0013041 (JEFFERSON)  
 Citation Number: P132DIE1303051722328

EDMS

**Originating County**

**Created**

JEFFERSON

03/07/2013

**Disposition Status**

**Disposition Date**

**Reopened Date**

**Microfilm Ref**

VIOLATIONS HANDLED BY  
 CLERK

03/11/2013

**Charges      Speedy Trial:**

<b><u>Count</u></b>	<b><u>Original Charge</u></b>	<b><u>Offense Date</u></b>	<b><u>Charge Class</u></b>	<b><u>Adjudication</u></b>	<b><u>Adjudication Charge</u></b>	<b><u>Adjudication Class</u></b>
01	SPEEDING OVER 55 ZONE (6 THRU 10 OVER)	03/05/2013	SCHEDULED VIOLATION	GUILTY - NEGOTIATED/VOLUN PLEA	SPEEDING OVER 55 ZONE (6 THRU 10 OVER)	SCHEDULED VIOLATION

CN=kstewart,O=JUDICIAL

Please Logoff when you are through accessing case detail information.

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OCT 17 2014

**UNITED STATES DISTRICT COURT**  
CENTRAL DISTRICT OF ILLINOIS

CLERK OF COURT  
U.S. DISTRICT COURT  
CENTRAL DISTRICT OF ILLINOIS

UNITED STATES OF AMERICA

v.

Douglas Stewart

**JUDGMENT IN A CRIMINAL CASE**

Case Number: 13-10117-001

USM Number: 19206-026

Hugh Toner, III  
Defendant's Attorney

**THE DEFENDANT:**

pleaded guilty to count(s) 1, 2

pleaded nolo contendere to count(s) \_\_\_\_\_  
which was accepted by the court.

was found guilty on count(s) \_\_\_\_\_  
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

<u>Title &amp; Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
18 USC § 2252A(a)(2)(A)	Distribution of Child Pornography	10/31/2013	1
18 USC § 2252A(a)(5)(B)	Possession of Child Pornography	10/31/2013	2

See additional count(s) on page 2

The defendant is sentenced as provided in pages 1 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

The defendant has been found not guilty on count(s) \_\_\_\_\_

Count(s) \_\_\_\_\_  is  are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

10/15/2014

Date of Imposition of Judgment

s/Judge Joe B. McDade

Signature of Judge

Joe B. McDade, U.S. District Judge

Name of Judge

Title of Judge

Date

10/17/2014

DEFENDANT: Douglas Stewart  
CASE NUMBER: 13-10117-001

**IMPRISONMENT**

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of:  
84 months on each count, concurrent with each other.

The court makes the following recommendations to the Bureau of Prisons:

It is recommended that the defendant serve his sentence in a work camp that is as close to his family in Burlington, Iowa, as possible, and one that will allow him to participate in sex offender counseling.

The defendant is remanded to the custody of the United States Marshal.

The defendant shall surrender to the United States Marshal for this district:

at \_\_\_\_\_  a.m.  p.m. on \_\_\_\_\_

as notified by the United States Marshal.

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

before 2:00 PM on 12/30/2014

as notified by the United States Marshal.

as notified by the Probation or Pretrial Services Office.

**RETURN**

I have executed this judgment as follows:

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_

a \_\_\_\_\_, with a certified copy of this judgment.

UNITED STATES MARSHAL

By \_\_\_\_\_  
DEPUTY UNITED STATES MARSHAL

DEFENDANT: Douglas Stewart  
CASE NUMBER: 13-10117-001

### SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of :  
10 years on each count, concurrent with each other.

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.

- The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. *(Check, if applicable.)*
- The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*
- The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*
- The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*
- The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

### STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer in a manner and frequency as directed by the court or probation officer;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from  Any  Excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: Douglas Stewart  
CASE NUMBER: 13-10117-001

### SPECIAL CONDITIONS OF SUPERVISION

1. You shall participate in a sex offender treatment program as deemed necessary by the U.S. Probation Office. You shall pay for such services, if financially able, as directed by the U.S. Probation Office. You will submit to physiological testing, including polygraph testing, which may be part of a sex offender treatment program as directed by the U.S. Probation Office. You shall pay for such services, if financially able, as directed by the U.S. Probation Office.
2. You shall have no contact with any male person under the age of 18 except: (1) in the presence of a responsible adult who is aware of the nature of your background and current offense, and who has been approved by the U.S. Probation Office; (2) in the course of normal commercial business; or (3) in other cases of unintentional and incidental contact.
3. You shall not receive, transmit, have under your control, or view, any material which is illegal, that contains child pornography in electronic, paper, or any other form.
4. You shall participate with the U.S. Probation Office's Computer and Internet Monitoring Program (CIMP) during your term of supervision. The monitoring program will start as soon as possible after your supervision term begins. You shall sign the rules of the Computer Internet and Monitoring Program and comply with the conditions of this program. During this time, you shall install filtering software on any computer you possess or use which will monitor/block access to sexually oriented websites geared towards child pornography. You shall allow the U.S. Probation Office unannounced access to any computer you possess or use to verify that the filtering software is functional. You shall pay for the cost of the filtering software, if financially able, as directed by the U.S. Probation Office.
5. If there is reasonable suspicion to believe that you are in violation of a condition of supervised release, you shall submit to the search of your person, automobile, and property under your control by the U.S. Probation Office. You shall also allow the U.S. Probation office to conduct periodic unannounced examinations of your computer equipment, Internet capable devices, similar electronic devices, related computer peripherals, which may include retrieval and copying of all data from your device to ensure compliance with this condition, and/or removal of such equipment for the purpose of conducting a more thorough inspection.
6. You shall not use the Internet or visit any website, including chat rooms or bulletin boards, for the purpose of sexual arousal involving child pornography.
7. You shall provide the U.S. Probation Office access to any requested financial information including both your business and personal income tax returns.
8. You shall not incur any new debts or open any additional lines of credit in excess of \$200 without prior approval of the U.S. Probation Office so long as any portion of the fine remains unpaid.

DEFENDANT: Douglas Stewart  
 CASE NUMBER: 13-10117-001

**CRIMINAL MONETARY PENALTIES**

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
TOTALS	\$ 200.00	\$ 5,000.00	\$ 0.00

The determination of restitution is deferred until 1/15/2015. An Amended Judgment in a Criminal Case (AO 245C) will be entered after such determination.

The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss*</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
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TOTALS	\$0.00	\$0.00
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Restitution amount ordered pursuant to plea agreement \$ \_\_\_\_\_

The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

The court determined that the defendant does not have the ability to pay interest and it is ordered that:

the interest requirement is waived for the  fine  restitution.

the interest requirement for the  fine  restitution is modified as follows:

\* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: Douglas Stewart  
CASE NUMBER: 13-10117-001

**SCHEDULE OF PAYMENTS**

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A  Lump sum payment of \$ 5,200.00 due immediately, balance due
  - not later than \_\_\_\_\_, or
  - in accordance  C,  D,  E, or  F below; or
- B  Payment to begin immediately (may be combined with  C,  D, or  F below); or
- C  Payment in equal \_\_\_\_\_ (e.g., weekly, monthly, quarterly) installments of \$ \_\_\_\_\_ over a period of \_\_\_\_\_ (e.g., months or years), to commence \_\_\_\_\_ (e.g., 30 or 60 days) after the date of this judgment; or
- D  Payment in equal \_\_\_\_\_ (e.g., weekly, monthly, quarterly) installments of \$ \_\_\_\_\_ over a period of \_\_\_\_\_ (e.g., months or years), to commence \_\_\_\_\_ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E  Payment during the term of supervised release will commence within \_\_\_\_\_ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F  Special instructions regarding the payment of criminal monetary penalties:  
The fine shall be paid within 3 months.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:  
As set out in the Indictment.

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.