



IOWA MONITORING PROGRAM for Pharmacy Professionals

IOWA MONITORING PROGRAM FOR PHARMACY PROFESSIONALS (IMP3)

Self-Report Form

Date of Report: _____

Legal Name: _____

Other Names used: _____

Home Address: _____

Work Name & Address:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email Address (where confidential messages may be sent): _____

Iowa License/Registration Number (if applicable): _____

Please describe reasons for this self-report (use additional sheets if necessary):

Have you undergone an evaluation for this condition? YES NO

Where: _____

Have you received any treatment for this condition? YES NO

Where: _____



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Who was your treating medical provider: _____

Where did this treatment take place: _____

What were the dates of treatment: _____

Pharmacy professionals or applicants may be ineligible to participate in IMP3 for the following reasons:

- **The applicant or pharmacy professional engaged in the unlawful diversion and/or distribution of controlled or illegal substances for personal gain or profit.**
- **The applicant or pharmacy professional is currently under a Board of Pharmacy order for substance use or for another issue related to a potential impairment.**
- **The applicant or pharmacy professional has caused harm or injury to a patient.**
- **The applicant or pharmacy professional provided inaccurate, misleading, or fraudulent information or failed to cooperate with the Board of Pharmacy or IMP3.**

Do any items in the above list apply to you? *(Please note, if it is determined at some point in the future that you were ineligible for IMP3 participation due to one of the above criteria, you may be referred to the Iowa Board of Pharmacy.)*

Yes* (if yes, please explain)

No

*All information in possession of IMP3 and its personnel regarding pharmacy professionals is **confidential**. Do you give IMP3 permission to inquire about the material facts you have provided in this self-report?*

Yes

No

Signature: _____ Date: _____

Please complete and return to IMP3 by email, fax, or mail.

Email to: Rebecca.Carlson@iowa.gov

Fax to: (515) 725-0642

Mail to:

Board of Pharmacy, Attn: IMP3

400 SW 8th Street, Suite E

Des Moines, Iowa 50309-4686

If you have any questions or concerns, please call (515) 725-3491