



Iowa Board of Pharmacy

Certification of Pharmacy Education

Applicant: Complete the Applicant Information below. Send this form to the current dean of your college of pharmacy. A separate form should be completed for multiple schools.

Dean or Designated Official: Complete Section 2 of this three-page form. Mail the completed form, and any other documentation needed, to the Board at the address listed in Section 1.

Applicant Information				
Full Legal Name:	(Last)	(First)		
(Middle)	Date of Birth:		SSN:	
Name on diploma, if different than above:				
Name of School:				
<p>Waiver for Release of Information: I am applying for a license to practice pharmacy. I authorize the college of pharmacy listed below to provide any and all information pertaining to my pharmacy education at that institution to the Iowa Board of Pharmacy. I request that the dean or a designated official complete remainder of this form and mail to:</p> <div style="text-align: center; margin: 10px 0;"> <p>Iowa Board of Pharmacy 6200 Park Ave., Ste. 100 Des Moines, IA 50321</p> </div>				
Applicant Signature:		Date:		

College of Pharmacy Certification				
School Name:				
Address:				
City:		State:		Zip:
School name if different when applicant attended:				
Attendance from (mm/yyyy):			Attendance to (mm/yyyy):	
Graduation Date:			Degree Awarded:	

Special Circumstances: <i>The following questions apply to unusual circumstances that occurred during any part of the individual's pharmacy education. Check the appropriate responses and provide dates and requested information. "Yes" responses to any of these questions require a copy of the explanatory records or a written explanation attached to this form.</i>	
<p>1. Do the official records for this individual reflect interruptions or extension in the individual's pharmacy education? If yes, indicate the reasons for each interruption or extension, the dates of each interruption or extension, and whether each interruption or extension was approved or unapproved.</p>	
<p style="margin: 0;">Yes No</p>	
Personal or family:	From: To:
Approved:	Unapproved:

Academic remediation:	From:	To:
Approved:	Unapproved:	
Health:	From:	To:
Approved:	Unapproved:	
Financial:	From:	To:
Approved:	Unapproved:	
Participation in a joint degree program:	From:	To:
Approved:	Unapproved:	
Participation in a non-research special study:	From:	To:
Approved:	Unapproved:	
Other:	From:	To:
Approved:	Unapproved:	
<p>2. Do the official records for this individual reflect that the individual was ever placed on academic or disciplinary probation during the individual's pharmacy education? If yes, indicate below the reasons for each time of probation and the dates of placement on and removal from probation. Also attach documentation or information of each circumstance and outcome.</p> <p style="text-align: right;">Yes No</p>		
Academic:	From:	To:
Unprofessional Conduct:	From:	To:
Behavioral Reasons:	From:	To:
Other:	From:	To:
<p>3. Do the official records for this individual reflect that the individual was ever disciplined for unprofessional conduct/behavioral reasons by the college of pharmacy or parent university? If yes, explain below and/or attach documentation or information of each circumstance and outcome.</p> <p style="text-align: right;">Yes No</p>		
<p>4. Do the official records for the individual reflect that the individual was ever the subject of negative reports for behavioral reasons or an investigation by the college of pharmacy or parent university? If yes, explain below and/or attach documentation or information of each circumstance and outcome.</p> <p style="text-align: right;">Yes No</p>		
<p>5. Do the official records for this individual reflect that there were ever any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, explain below and/or attach documentation or information of each circumstance and outcome.</p> <p style="text-align: right;">Yes No</p>		

_____ I attest that the above-named student has completed this Program's minimum _____ contact hours to qualify for graduation.

I CERTIFY THAT, to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form.			
Signature:			
Printed Name:			
Title:		Date:	
Phone Number:		Fax Number:	
Email:			

Please mail this completed form and any other items to the Board at the address listed in Section 1. Thank you.

AFFIX INSTITUTION SEAL HERE
(If no seal is available, this form must be notarized)