

Iowa Board of Pharmacy
 6200 Park Ave., Ste 100
 Des Moines, IA 50321
 515-281-5944



CONTROLLED SUBSTANCES ACT REGISTRATION APPLICATION (Business)

Application Type	Fee Type	Fee Amount
Initial Application	Initial Registration Fee	\$90
Renewal Application (Current/Active)	Renewal Fee	\$90
Late Renewal Application (Expired less than 30 days ago)	Renewal Fee + Late Fee (Total fee if renewed within 30 days after expiration)	\$180
Reactivation Application (Expired more than 30 days ago)	Reactivation Fee (Total fee if renewed more than 30 days after expiration)	\$360
Change Application (To be used for business name and/or address changes for businesses that are not primarily licensed with the Board of Pharmacy. Pharmacies and distributors must submit their primary license change application.) Select change type: Doing Business As (dba) Name Change Address Change	Change Fee (In addition to the renewal or reactivation fee above)	\$90

Submit check or money order payable to Iowa Board of Pharmacy – DO NOT SEND CASH

Iowa CSA Registration #: (New applicants leave blank)		CSA Expiration Date:	
--	--	----------------------	--

1. REGISTRANT INFORMATION

Business Name (dba):			
Legal Business Name:			
FEIN (Federal Employer/Tax ID #):			
Federal DEA #:		DEA Expiration Date:	

BUSINESS TYPE

Analytical Lab	Hospital	Pharmacy
Care Facility	Import/Exporter	Religious Organization
Clinic	Manufacturer	Researcher
Distributor	Narcotic/MAT Program	Teaching Institution
Emergency Service Program	Outsourcing Facility	

OWNERSHIP TYPE

C Corporation	Government	LLC	Nonprofit 501(c)(3)
Partnership	S Corporation	Sole Proprietorship	

LICENSURE INFORMATION (If no primary Iowa business license, leave blank)

Iowa Business License #:		Expiration Date:	
--------------------------	--	------------------	--

2. PHYSICAL BUSINESS ADDRESS				
Street Address (Line 1):				
Street Address (Line 2 - Optional):				
City:		State:		Zip Code:
County:				
MAILING ADDRESS (If different than physical address)				
Address (Line 1):				
Address (Line 2):				
City:		State:		Zip Code:

3. CONTACT INFORMATION			
Business Telephone # (Required):		Fax #:	
Email Address (Required):			
Website:			

4. RESPONSIBLE INDIVIDUAL			
Full Legal Name:	(Last)	(First)	(Middle)
Date of Birth:		Professional Abbreviation:	
Email Address:			
Iowa Professional License #:		Expiration Date:	

5. CONTROLLED SUBSTANCES: Check schedules in which you intend to handle any controlled substances. (Researchers must include a copy of the research protocol)				
	Schedule I (Research or Analytical Lab only)			
	Schedule II Narcotic		Schedule II Nonnarcotic	Schedule III Narcotic
	Schedule III Nonnarcotic		Schedule IV	Schedule V

Refer to <https://www.dea.gov/drug-information/drug-scheduling> for description of drug schedules

LOST OR STOLEN CONTROLLED SUBSTANCES				
Since the last renewal, have any controlled substances under your control or ownership been lost or stolen? If yes, indicate the number of incidents next to the applicable reason(s).			YES	NO
Break-In:		Armed Robbery:		Employee Pilferage:
Customer Theft:		Lost in Transit:		Other (explain in description):

6. DISCIPLINARY ACTIONS: (New applicants must disclose all disciplinary actions described below)		
Since the last renewal, has the applicant, any owner, officer or partner had a professional license revoked, suspended, or otherwise disciplined?		
	YES	NO
If yes, was the discipline related to controlled substances or does it limit the ability to handle CS?		
	YES	NO
		N/A
Include a separate sheet listing the disciplinary action taken by any licensing authority and include documentation of any final disciplinary orders issued if not previously provided to this Board.		
Attachment included:	YES	N/A
Since the last renewal, has the applicant, any owner, officer or partner surrendered (in lieu of disciplinary action) or had a CSA or DEA registration, revoked, suspended, disciplined, or denied?		
	YES	NO
Include a separate sheet providing a signed and dated explanation of each surrender, revocation, suspension, disciplinary sanction, or denial and include documentation of any final orders issued if not previously provided to this Board.		
Attachment included:	YES	N/A
Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?		
	YES	NO
Include an explanation for any pending investigations, complaints, or charges.		
Attachment included:	YES	N/A

7. CRIMINAL HISTORY: (New applicants must provide a complete history)		
Since the last renewal, have any of the applicant(s), been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime related to prescription drugs, controlled substances, healthcare, or the practice of your profession, in any jurisdiction? You must include 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
Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s) if not previously provided to this Board.		
Attachment included:	YES	N/A

8. SIGNATURE	
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 registration. I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to exceptions in federal and state law.	
Signature of Applicant:	
Date:	
Printed Name:	
Title:	

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 chapters 252J and 272D. This number will be used in connection with the collection of child support obligations and debts owed to the State of Iowa; as an internal means to accurately identify registrants; and may be shared with taxing authorities as allowed by law, including Iowa Code § 421.18.