

BEFORE THE IOWA BOARD OF PHARMACY

Name: _____
 Date of Birth (MM/DD/YYYY): _____
 Mailing Address: _____
 City: _____
 State: _____ ZIP: _____
 Phone: _____
 Email: _____,
PETITIONER.

**PETITION FOR DETERMINATION OF
 ELIGIBILITY FOR LICENSURE**

Case No. _____
 (Office Use Only)

COMES NOW _____ and
 Name

seeks a determination by this Board as to whether the following offenses, for which Petitioner has been convicted by a court of law, disqualify Petitioner for licensure/registration as a _____ Profession by the Iowa Board of Pharmacy.

Petitioner: Fill in the information below about each conviction for which you are seeking an eligibility determination by the Board. Include additional sheets if necessary. Pursuant to Iowa Administrative Code rule 657-31.4, you must also include with this Petition the following information and documentation for **each** conviction listed below (attach additional pages if necessary):

1. The criminal complaint and judgment of conviction for each offense;
2. A personal statement regarding whether each conviction directly relates to the duties and responsibilities of the above named profession and why the Board should deem Petitioner rehabilitated; and
3. All evidence of rehabilitation that Petitioner wishes the Board to consider, including evidence of the following: mitigating circumstances or social conditions surrounding the commission of the offense, any treatment undertaken, a certificate of employability, letters of reference, and any other relevant evidence of rehabilitation and present fitness to practice.

You must also include with this Petition the payment of a nonrefundable \$25 fee by or check or money order payable to Iowa Board of Pharmacy.

Conviction 1			
Case Number:		Federal or State Crime:	
State & County of Conviction		Date of Conviction: (MM/DD/YYYY)	
Name of Offense:			
Sentence:			



Conviction 2			
Case Number:		Federal or State Crime:	
State & County of Conviction		Date of Conviction: (MM/DD/YYYY)	
Name of Offense:			
Sentence:			

Conviction 3			
Case Number:		Federal or State Crime:	
State & County of Conviction		Date of Conviction: (MM/DD/YYYY)	
Name of Offense:			
Sentence:			

Conviction 4			
Case Number:		Federal or State Crime:	
State & County of Conviction		Date of Conviction: (MM/DD/YYYY)	
Name of Offense:			
Sentence:			

Conviction 5			
Case Number:		Federal or State Crime:	
State & County of Conviction		Date of Conviction: (MM/DD/YYYY)	
Name of Offense:			
Sentence:			

ATTESTATION: By signature below, I understand this eligibility determination will be based on the convictions disclosed in this petition. Failure to disclose all convictions may result in an invalid eligibility determination.

Signature: _____ Date: _____

