Iowa Board of Pharmacy Waiver For Completing Criminal History Background Checks

I hereby give permission for the Iowa Board of Pharmacy to conduct both an Iowa criminal history record check with the Division of Criminal Investigation (DCI) and a national check through the Federal Bureau of Investigation (FBI). Any information maintained by the DCI and the FBI may be released as allowed by law.

PLEASE PRINT

Name:	Timet.	Middle
Last	First	Middle
Other Names Used (Inclu	de maiden name):	
Street Address:		
City:	State: Zip: Dayti	me Phone:
E-mail Address:		
Social Security Number:	(Gender:
Data of Pinth (Month/Dat	e/Year):	
Date of Birth (Month/Dat	e/1ear):	
Answer the following questic explanation on this waiver fo	on. For a "Yes" answer, please attach an explan	nation. Do not write the
a crime other the misdemeanors are not have a reco	een convicted of, or entered a plea of guilty, not han a minor traffic offense, in any jurisdict and felonies, even if adjudication was withheld be ord of conviction. (For example, you must re- ecceived a deferred judgment, or you received a acce or driving while impaired is not a minor traff	tion? You must include all by the court so that you would eport if your conviction was an executive pardon.) Driving
nformation on the waiver and prosecution and revocation of statements made on the waive also information on this was	se is granted by this Board, it will be based, d on the application for licensure, which, if fals of the license. I declare under penalty of per er and on the licensure application are true and giver or on the application for licensure, I her aspension or revocation of my license.	se, may subject me to criminal jury that my answers and all correct. Should I furnish any
Signature of	Applicant	Date