



Iowa Pharmacy Renewal for Corporate Submission

This form is required to be submitted with an online pharmacy license renewal which is completed by a corporate office.

Pharmacy Name: _____

Iowa License No.: _____ Pharmacy Store No.: _____ NABP e-Profile ID: _____

Name of Pharmacist in Charge (PIC): _____

FACILITY OPERATIONS			
Hours of Pharmacy Operation			
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

Type of Pharmacy Services <i>(check all that apply)</i>			
General Dispensing		Central Rx Processing	
Hospital		Mail Order	
Central Rx Filling		Home Infusion	
Care Facility Consulting		Emergency Drug Kits	
Unit Dose		Home Health/DME	
OTC Pseudoephedrine Sales		Exempt CV Dispensing	
Prepackaging		EMS	
Collaborative Practice Agreements (CPA)		Explanation	
Technician Product Verification		Prescription Delivery/Mail-outs/Mail Order	
Medication Therapy Management		Statewide Protocol-Naloxone	

Statewide Protocol-Immunization		Statewide Protocol-Nicotine Replacement	
CLIA-Waved Testing		Compliance Packaging/MedPaks	
Noncontrolled Substance Collector		DEA-registered Controlled Substances Collector	
Other (please explain):			

Populations Served	
Human	
Veterinary-companion animals	
Veterinary-food producing animals	

Pharmacy Accreditations (attach proof of any accreditations)			
VIPPS	ACHC	JCAHO	Other:
VPP	PCAB	DMEPOS	None

Compounding (check all that apply)		
Sterile High-Risk	Sterile Medium-Risk	Sterile Low-Risk
Sterile Immediate Use	Sterile Hazardous Drugs	Sterile Anticipatory
Sterile Shipping out of state	Sterile for patients in other facilities	Sterile Number of Facilities
Number of sterile compounded preparations dispensed in Iowa last year:		
Non Sterile Complex	Non Sterile Moderate	Non Sterile Simple
Non Sterile Anticipatory	Non Sterile Hazardous Drugs	Prescriber Office Use
Pursuant to Patient Specific Rx		
Number of non-sterile compounded preparations dispensed in Iowa last year:		

FDA INFORMATION		
Since your last renewal, has the pharmacy been inspected by the FDA:	Yes	No
If yes, date of most recent FDA inspection:		
Since your last renewal, has the FDA issued a 483 or a Warning Letter: <i>(attach the FDA's documentation and your response to the FDA)</i>	Yes	No
Are you registered with the FDA as a 503(b) outsourcing facility?	Yes	No

Acknowledgment and Attestation

I hereby swear or affirm under penalty of perjury that I am the responsible party for the licensee indicated above.

I attest that I understand Iowa's laws and rules governing the licensee and agree to abide by applicable governing federal and Iowa laws.

I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against the license or registration.

PIC Signature: _____ Date: _____

Printed Name: _____ Title: _____