

Outsourcing Facility Supervising Pharmacist Change Application Instructions

Complete the attached Supervising Pharmacist Change application for an existing Outsourcing Facility license.

A change of Supervising Pharmacist requires the submission of the Supervising Pharmacist Change application and fee within ten days of the FDA's issuance of an updated registration.

Once a completed application is received, a background check packet will be sent to the mailing address indicated on the application. The background check packet is to be completed by the Supervising Pharmacist and returned to the Board for processing. **Do not submit any waiver or fingerprint card with this application. Do not submit a waiver or fingerprint card, by any delivery method, before receiving a background check packet from the Board. Any waiver and/or fingerprint card received before the Board's packet is sent will be destroyed.**

An incomplete application for licensure will be maintained for no more than six months. Failure to submit all required information within six months of the Board's receipt of the original application, including submission of a completed fingerprint packet, if required, will result in the application becoming null and void and any fees submitted with the application are forfeited and will not be transferred or refunded.

Submit the completed application, including the instruction checklist, all attachments, and a check or money order in the appropriate amount made payable to the Iowa Board of Pharmacy to:

Iowa Board of Pharmacy, 6200 Park Ave., Ste. 100, Des Moines, IA 50321

All application fees are non-refundable and non-transferrable

License Change Application Fees	
Supervising Pharmacist Change Application Fee	\$400.00
Supervising Pharmacist Criminal Background Check Fee	\$45.00
Controlled Substances Act (CSA) Registration Fee	\$90.00
Late License Change Application Fees – These fees are due for applications that are not timely submitted but are submitted within 30 days of the required submission date. These fees include the timely application fee and are not in addition to the previously identified fees.	
Supervising Pharmacist Change Application Fee & Penalty	\$800.00
Supervising Pharmacist Criminal Background Check Fee	\$45.00
Controlled Substances Act (CSA) Registration Fee & Penalty	\$180.00
Reactivation Fees – These fees are due for applications submitted more than 31 days after the required submission date. These fees include the timely application fee and are not in addition to the previously identified fees.	
Supervising Pharmacist Change Application Fee & Penalty	\$1600.00
Supervising Pharmacist Criminal Background Check Fee	\$45.00
Controlled Substances Act (CSA) Registration Fee & Penalty	\$360.00

SUPERVISING PHARMACIST ATTACHMENTS		
Copy of government-issued photo ID	Yes	N/A
Supervising Pharmacist's license issued by home state	Yes	N/A
Additional pages to list all licenses in other states	Yes	N/A
List of disciplinary actions by licensing authorities and documentation of final disciplinary orders	Yes	N/A
List of final denial orders by licensing authorities and documentation of final denial orders	Yes	N/A
List of each criminal conviction and court record(s) of the conviction(s)	Yes	N/A



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

APPLICATION FOR OUTSOURCING FACILITY SUPERVISING PHARMACIST CHANGE

Please type or print legibly in ink. Incomplete or illegible forms will delay the issuance of the license.

EFFECTIVE DATE OF CHANGE	
---------------------------------	--

LICENSEE INFORMATION					
Name of Licensee (DBA)					
Iowa License Number					
Legal Name					
Federal Tax ID Number					
NABP e-Profile ID Number					
Name of Supervising Pharmacist					
Type of Ownership					
Sole Proprietorship		Partnership		C Corporation	
S Corporation		LLC		Government	
Outsourcing Facility Physical Address					
Street Address					
City		State		Zip Code	
Telephone #		Landline		Cell Phone	
		If cell, will you accept text messages?		Y	N
Fax#		Website			
Email Address					
Alternate Contact Phone # at Facility					
Outsourcing Facility Mailing Address (if other than physical address)					
Street Address					
City		State		Zip Code	

The facility phone number must be a direct number to the licensed facility.

SUPERVISING PHARMACIST IDENTIFICATION					
First Name					
Middle Name					
Last Name					
Previous Name(s)					
Street Address					
City		State		Zip	
Date of Birth		SSN			
Primary Phone #		Landline		Cell Phone	
		If cell, will you accept text messages?		Y	N
Email Address					

LICENSE INFORMATION <i>(List all states where you are or have previously been licensed as a pharmacist, attach additional pages if necessary, and attach a copy of home state license)</i>		
State	License Number	Expiration Date

DISCIPLINARY ACTION – <i>new applicants must disclose all disciplinary action described below</i>	
Have you ever been disciplined by any licensing authority? Discipline includes, but is not limited to, citations, reprimands, fines, and license/registration restrictions, probation, suspension, revocation, or surrender.	Yes No
Have you ever been denied a license or registration by any licensing authority?	Yes No
Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?	Yes No
If you responded ‘yes’ to any of the above questions, please attach a written summary explaining the affirmative response and attach all applicable documents.	

CRIMINAL HISTORY – <i>new applicants must provide a complete history</i>	
Have you ever 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 pharmacy 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.	Yes No
If you responded ‘yes’, please attach a written summary explaining each conviction and attach court record(s) of the conviction(s) or plea(s) if not previously provided to this Board.	

PERSONAL ATTESTATIONS	
Initial each statement to indicate your understanding and agreement to abide by applicable federal and state laws relating to compounding:	
	I have reviewed the applicant’s outsourcing facility license application and it is complete and accurate to the best of my knowledge.
	I am currently the supervising pharmacist of the applicant’s outsourcing facility.
	I will notify the Iowa Board of Pharmacy if/when I no longer serve as the supervising pharmacist of the applicant’s outsourcing facility.
	I understand Iowa’s laws and rules governing outsourcing facilities.

If you are unable to attest to any of the above attestations, you must explain why on a separate page.

SUPERVISING PHARMACIST SIGNATURE	
By signing this application, I solemnly swear or affirm under the penalty of perjury that the contents of this application are true to the best of my knowledge, information, and belief.	
Printed Name	
Signature	
Date	

LICENSEE SIGNATURE	
I hereby swear or affirm under the 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 license.	
Printed Name and Title	
Signature	
Date	

Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §§252J.8(1) and 272D.8(1). The number will be used in connection with the collection of child support obligations or 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.