IOWA PHARMACIST-INTERN REGISTRATION APPLICATION

Complete the attached Iowa Board of Pharmacy pharmacist-intern registration application. When completing this application, please be advised of the following:

- Read all application instructions and the laws and rules governing pharmacist-interns before completing your application. The following information is based on 657 IAC Chapter 4, "Pharmacist-Interns."
- All sections of the application must be completed. **Incomplete applications will delay the renewal of your registration.** Unsigned applications will be returned.
- Failure to answer all questions completely or accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action. If you are in doubt, answer "yes" and provide an explanation.

Who Must Register:

1. Interns acquiring experience in Iowa and going to school in Iowa.

2. Interns going to school in Iowa and acquiring experience in a state other than Iowa.

3. Interns attending a school in another state and acquiring experience in Iowa.

When to Register: Every person shall register before beginning their internship, but not before the commencement of the first professional year in a college of pharmacy.

Form: The "Certificate of Eligibility" form is to be completed by the College of Pharmacy and submitted to the Iowa Board of Pharmacy office.

Fee: $30 – Upon receipt of completed application and payment of $30, interns will be furnished a pharmacist-intern registration card.

Military veteran applicants are eligible for waiver of the initial application fee and one renewal fee if the applicant was honorably or generally discharged from federal active duty or national guard duty within five (5) years prior to application submission. **Applicants seeking waiver of the initial application fee or renewal fee must submit a copy of their Certificate of Release or Discharge from Active Duty (DD Form 214) or Verification of Military Experience and Training (VMET-DD Form 2586).**

Income-based fee waiver is available to applicants who are applying for **initial** registration and whose household income does not exceed 200% of the Federal Poverty Level. Applicants who meet the terms and conditions for such fee waiver must include the "Initial Fee Waiver Application" form with this application.

Requirements: Internship shall consist of a minimum of 1500 hours, all of which may be a college-based clinical program approved or accepted by the Board. A pharmacist-intern registration is required before beginning any training, including a college-based clinical program. A pharmacist-intern may acquire additional hours under the supervision of one or more preceptors in a traditional, licensed general or hospital pharmacy, at a rate of no more than 48 hours per week. Credit towards any additional hours will be allowed, at a rate not to exceed 10 hours per week, for an internship served concurrent with academic training and outside a college-based clinical program. *"Concurrent time"* means internship experience acquired while the person is a full-time student carrying, in a given school term, at least 75 percent of the average number of credit hours per term needed to graduate and receive an entry-level degree in pharmacy. Recognized academic holiday periods, such as spring break and winter break, shall not be considered "concurrent time."

Reports: Notarized affidavits of experience in non-college-sponsored programs shall be filed with the board office after the successful completion of the internship. These affidavits shall certify only the number of hours and dates of training obtained

outside a college-based clinical program. Credit will not be given for internship experience obtained prior to the individual's registration as a pharmacist-intern.

Notices: All interns shall notify the Board within ten days of a change of name, employment, or address. Interns are strongly encouraged to provide an email address which the intern will routinely access, including during periods of school breaks.

Rules governing Pharmacist-Intern registration and practice can be found at 657 IAC Chapter 4.

Disclosure of Medical Conditions, Criminal History, and Disciplinary Action

Be advised that the application for pharmacist-intern registration asks about any medical conditions you have that might impair your ability to perform the duties of a pharmacist-intern. As part of the application process, you will be asked questions about any recent criminal history and disciplinary actions.

If you have any questions concerning these requirements, please notify the Board office. We suggest you contact the Board office for information as to what documentation may be necessary for licensure. Contacting the Board office about any of these situations may avoid unnecessary delays at the time of application.

Definitions (Important! Read these definitions before completing the following questions.)

"Ability to perform required pharmacist related-tasks with reasonable skill and safety" means ALL of the following:

- The cognitive capacity to use pharmacy systems to obtain necessary patient and prescription related information to process prescriptions
- The ability to effectively communicate information to other pharmacists, interns, providers, technicians, pharmacy support persons, and patients
- The ability to perform required tasks such as filling prescriptions, counseling patients, performing drug utilization reviews and other professional pharmacy services

"Medical condition" means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

"Chemical substances" means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and perform the duties required of a pharmacist-intern or has adversely affected the ability to function and perform the duties required of a pharmacist-intern within the past two (2) years.

"Improper use of drugs or other chemical substances" means ANY of the following:

- The use of any controlled drug, legend drug, or other chemical substances for any purpose other than as directed by a licensed health care practitioner; and
- The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

"Illegal use of drugs or other chemical substances" means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

Application fees are non-refundable and nontransferable.

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

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

Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

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

PHARMACIST-INTERN REGISTRATION APPLICATION

Please type or print legibly in ink. Complete all application sections and sign. **Incomplete or illegible forms will delay the issuance of your registration. Refer to the application instructions for fees due.**

* If using an ITIN, you must also provide evidence of lawful presence in the US.

FEES	
Pharmacist-Intern Registration Application (**Do not submit payment in cash.)**	**$30**
Waiver of registration fee based on honorable or general discharge from military service within the past five (5) years. Applicants seeking waiver of the application fee must submit a copy of their Certificate of Release or Discharge from Active Duty (DD Form 214) or Verification of Military Experience and Training (VMET-DD Form 2586).	

MILITARY STATUS		
Active-Duty Military	**Veteran**	**Spouse of Active-Duty Military**

REGISTRANT INFORMATION					
Full Legal Name:	**(Last)**	**(First)**		**(Middle)**	
Date of Birth:		**SSN*:**		**Gender:**	Male Female
Previous/Other Name(s) Used:			**NABP e-profile ID:**		

If you do not have an NABP e-profile number, you may create one by going to nabp.pharmacy.

PRIMARY ADDRESS:					
Street Address:					
Address:					
City:		**State:**		**Zip Code:**	
County:		**Email Address (*required*):**			
Telephone No. (*required*):		☐ Home ☐ Mobile If mobile, do you accept text messages Yes No			
ADDRESS WHILE ATTENDING COLLEGE (*if other than primary address*):					
Address:				**Suite #:**	
Address:					
City:		**State:**		**Zip Code:**	

COLLEGE OF PHARMACY						
Name of College:						
Current Status as a Student:	**1**	**2**	**3**	**4**	**5**	**6**
Anticipated date of graduation or date degree granted:						
Date internship training will begin:						

INTERNSHIP ***(Do not complete the pharmacy name and address information below if you currently do not have a preceptor. When you do have a preceptor and internship site, please notify the Board office.)***					
Pharmacy Name:				**Pharmacy License No.:**	
Street Address:				**Suite #:**	
City:		**State:**		**Zip Code:**	
Telephone No.:		**Pharmacy Email:**			

CURRENT EMPLOYMENT ***(If currently employed in a pharmacy, indicate the information for each pharmacy where you are currently employed.)***					
Pharmacy Name:				**Pharmacy License No.:**	
Street Address:				**Suite #:**	
City:		**State:**		**Zip Code:**	
Telephone No.:		**Date of Hire:**			

If not currently working in an Iowa pharmacy, you must indicate your activity:

Academia ☐	Other-Pharmacy Related ☐	Unemployed ☐	Non-pharmacy profession/employment ☐

LICENSE/REGISTRATION INFORMATION ***(List all states in which you are or have ever held a professional license/registration.)***				
STATE:	**LICENSE/REGISTRATION TYPE:**	**LICENSE NO.:**	**DATE ISSUED:**	**STATUS:**

CRIMINAL HISTORY ***(If you answer yes, you must list all convictions below, attach additional pages if necessary. On a separate sheet of paper, provide a signed and dated explanation and attach court records of the conviction(s).)***		
Have you ever been convicted of a criminal offense, other than a minor traffic offense, in any jurisdiction? Conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. Conviction includes Alford pleas and pleas of nolo contendere. You must submit the complaint and judgment of conviction for each offense, and a personal statement regarding whether each conviction directly relates to the practice of the profession. Your application will not be considered complete until all of this information is received by the Board.		
	YES	**NO**
Do you currently have any criminal charges pending against you in any jurisdiction?		
	YES	**NO**

DISCIPLINARY HISTORY (***Discipline includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation. If you answer yes to any of the questions below, provide a description and attach final disciplinary orders.)***		
Have you ever been disciplined by any professional licensing authority?	**YES**	**NO**
Do you have any charges, or knowledge of any complaints or investigations, pending before any professional licensing authority?	**YES**	**NO**
Have you ever been denied a license or registration by any professional licensing authority?	**YES**	**NO**

MEDICAL CONDITION (***If you answer yes to any of the questions below, on a separate sheet of paper provide a signed and dated explanation.)***		
Do you currently have a medical condition that in any way impairs or limits your ability to perform the duties of a pharmacist-intern with reasonable skill and safety?	**YES**	**NO**
Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	**YES**	**NO**
Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to perform the duties of a pharmacist-intern with reasonable skill and safety?	**YES**	**NO**
If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	**YES**	**NO**
If YES to any of the above, does your field of work, the setting, or the manner in which you perform the duties of a pharmacist-intern, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	**YES**	**NO**

_______ I am aware that I cannot legally compound or dispense drugs except when I do so under the immediate and personal supervision of a licensed pharmacist and I understand that I may not be left in charge of a pharmacy.

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 pharmacist-intern registration. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

REQUIRED SIGNATURE:

Signature of Applicant: ____ Date: _____________

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 §§ 252J.8(l) and 272D.8(1). The 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 licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Reminder: Iowa law requires a pharmacist-intern to notify the Board within 10 days of a change of legal name, residence address, or employment.

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

Certificate of Eligibility

(To be completed by the college of pharmacy)

I,____________________________, certify that ________________________________ is registered as a student in the college of pharmacy named below, is enrolled in the first professional year in the college of pharmacy, and is satisfactorily progressing toward completion of academic requirements for a degree in pharmacy. The above-named student is eligible for registration as a Pharmacist-Intern effective __________________.
(Date)

Any derogatory information on file? Yes* ______ No ______

____
(Signed)

School
Seal

____
(Title and phone number)

____
(Name of College)

____
(Address of College)

____

____
(Date)

* Explain or provide copies of any derogatory information on file.