

# **Iowa Board of Pharmacy**

## **Resident and Nonresident Pharmacy License Renewal Instructions**

This application is to be used by resident and nonresident pharmacies for renewal of their Iowa pharmacy license. Changes to the pharmacy's name, PIC, owner, license type and/or location cannot be made when renewing your license.

**Failure to submit a complete and timely application will delay the processing of your application. If minimum licensing requirements are not met, your license will not be renewed.**

Submit the completed application, including the instruction check lists, 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

### **Nonresident Pharmacies Only:**

**Inspections** - Iowa Code 155A.13(1)"c" dictates specific inspection requirements for license eligibility. You must meet the inspection requirements for renewal - no exceptions will be made.

**Toll-free telephone number** - Each nonresident pharmacy that dispenses or proposes to dispense any prescription drug or device directly to a patient located in Iowa must provide on its application for nonresident pharmacy licensure evidence of labeling which provides a toll-free telephone number for patients to access a pharmacist who has access to the patient's medication record during the pharmacy's regular business hours.

**Nonresident Pharmacy PIC Registration Renewal** – The registration expires annually on December 31 and is required only when the PIC of the pharmacy is not currently licensed to practice pharmacy in Iowa. The PIC can submit an application and fee either through the Board's Online Services portal or by downloading a paper renewal application.

**Iowa Prescription Monitoring Program (PMP)** - Nonresident pharmacies are required to report to the PMP all prescriptions for Schedules II, III, IV, and V controlled substances dispensed to patients located in Iowa, including submission of zero reports when no reportable prescriptions are dispensed during a reporting period. Please be aware of the reporting requirements described in 657 IAC Chapter 37 of the Board's rules and the Iowa Data Reporting Manual.

### **In-State Pharmacies Only:**

**NABP Information Sharing Network** – Pursuant to 657 IAC 20.24, in-state pharmacies shipping compounded preparations out of the state are required to annually report dispensing information to the Information Sharing Network no later than April 1 of each year. If the pharmacy does not have an NABP e-profile ID, this must be obtained from NABP prior to the submission of this application. Please visit <https://nabp.pharmacy/> to create the pharmacy's e-profile ID or to submit the annual report of dispensing information.

**All application fees are non-refundable and non-transferrable.**

<b>Pharmacy License Renewal Fees</b> – <i>Pharmacy licenses expire annually on December 31. The renewal period begins November 1. Changes to the pharmacy’s name, PIC, owner, license type and/or location cannot be made when renewing your license.</i>		
Applications postmarked between November 1 and December 31	License Renewal Fee	\$135.00
Applications postmarked between January 1 and January 31	License Renewal and Penalty Fee	\$270.00
Applications postmarked after January 31	License Reactivation Fee	\$540.00
Licensees submitting a reactivation application are required to disclose the services, if any, that were provided to Iowa customers while the license was delinquent.		
<b>CSAR Renewal Fees</b> – <i>Confirm the expiration date of the CSA registration before submitting renewal fees. The registration may not expire at the same time as the pharmacy license.</i>		
Applications postmarked between November 1 and December 31	CSAR Renewal Fee	\$90.00
Applications postmarked between January 1 and January 31	CSAR Renewal and Penalty Fee	\$180.00
Applications postmarked after January 31	CSAR Reactivation Fee	\$360.00
Licensees submitting a reactivation application are required to disclose the activities conducted with respect to controlled substances while the registration was expired.		

<b>APPLICATION CHECKLIST</b>			
<b>RESIDENT AND NONRESIDENT PHARMACY</b>			
Proof of Accreditation(s)		<input type="checkbox"/> YES	<input type="checkbox"/> N/A
DEA Registration		<input type="checkbox"/> YES	<input type="checkbox"/> N/A
List of All Licenses / Permits / Registrations in Other States		<input type="checkbox"/> YES	<input type="checkbox"/> N/A
FDA 483s, Warnings Letters, and Responses to each		<input type="checkbox"/> YES	<input type="checkbox"/> N/A
List of Disciplinary Actions by Licensing Authorities and Documentation of Final Disciplinary Orders		<input type="checkbox"/> YES	<input type="checkbox"/> N/A
List of Final Denial Orders by Licensing Authorities and Documentation of Final Denial Orders		<input type="checkbox"/> YES	<input type="checkbox"/> N/A
List of Each Criminal Conviction and Court Records of the Conviction(s)		<input type="checkbox"/> YES	<input type="checkbox"/> N/A
<b>RESIDENT PHARMACY ONLY</b>			
Names, titles, and license/registration numbers for all pharmacists, pharmacist interns, technicians, and pharmacy support persons currently employed or practicing at this location.		<input type="checkbox"/> YES	
<b>NONRESIDENT PHARMACY ONLY</b>			
PIC License issued by Applicant’s Home State		<input type="checkbox"/> YES	
Home State Pharmacy License / Permit / Registration		<input type="checkbox"/> YES	
Most Recent Inspection Report as specified in Iowa Code 155A.13A(1)(c)		<input type="checkbox"/> YES	
Prescription Label Showing Toll-Free Phone Number		<input type="checkbox"/> YES	<input type="checkbox"/> N/A
<b>Nonresident Pharmacy PIC Registration Renewal</b> – a PIC registration is only required if the PIC does not hold a current/active Iowa pharmacist license.			
<b>Attached</b>	<b>Submitting Online</b>	<b>Mailing Separately</b>	<b>Not Applicable</b>

**Iowa Board of Pharmacy**

6200 Park Ave., Ste. 100  
Des Moines, IA 50321  
515-281-5944



**Application for Resident and Nonresident Pharmacy License  
Renewal**

This application is to be used by resident and nonresident pharmacies for renewal of their Iowa pharmacy license. Changes to the pharmacy’s name, PIC, owner, license type and/or location cannot be made when renewing your license.

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

PHARMACY TYPE		
General Pharmacy	Hospital Pharmacy	Limited Use Pharmacy – Telepharmacy
Limited Use Pharmacy – Correctional	Limited Use Pharmacy – Nuclear	Limited Use Pharmacy – Veterinary
Limited Use Pharmacy – Other	Nonresident Pharmacy	

LICENSEE/APPLICANT INFORMATION			
Name of Applicant: <i>(Name in which pharmacy is doing business)</i>			
Iowa License Number:		Federal Tax ID #:	
Legal Name of Pharmacy:			
Pharmacy’s NABP e-Profile ID:			
Name of Pharmacist in Charge (PIC):			
Iowa Pharmacist License or PIC Registration Number:			

**If you do not have an NABP e-profile number, you may create one by going to [nabp.pharmacy](http://nabp.pharmacy)**

B. Pharmacy Address <i>(physical location of pharmacy)</i>			
Street Address:		Suite #:	
Address:			
City:		State:	
		Zip Code:	

**The phone number must be a direct number to the pharmacy**

Telephone #:		Landline <input type="checkbox"/>	Cell Phone# <input type="checkbox"/>	
		If cell, will you accept text messages?		<input type="checkbox"/> Y <input type="checkbox"/> N
Alternate Phone#:		Landline <input type="checkbox"/>	Cell Phone# <input type="checkbox"/>	
		If cell, will you accept text messages?		<input type="checkbox"/> Y <input type="checkbox"/> N

**The email address must be a direct email to the pharmacy or PIC**

Email Address:		Fax #:	
Website:			
Mailing Address <i>(where all correspondence regarding licensure will be sent if other than pharmacy’s physical address):</i>			
Street Address		Suite #:	
Address:			
City:		State:	
		Zip Code:	

<b>C. Pharmacy Ownership</b>			
<b>Owner Name:</b>			
<b>Owner Address:</b>			
<b>City, State, Zip:</b>			
<b>Owner Phone Number:</b>		<b>Fax:</b>	
<b>Email:</b>			
<b>Type of Ownership:</b>			
<b>Sole Proprietorship</b>	<b>Partnership</b>	<b>C Corporation</b>	
<b>S Corporation</b>	<b>LLC</b>	<b>Government</b>	
<b>Date Established:</b>			
<b>State of Incorporation (if applicable):</b>			

<b>PHARMACY OPERATIONS</b>			
<b>Hours of Pharmacy Operation</b> <i>(example: 8:00 a.m. to 5:00 p.m. or CLOSED)</i>			
<b>Sunday</b>		<b>Thursday</b>	
<b>Monday</b>		<b>Friday</b>	
<b>Tuesday</b>		<b>Saturday</b>	
<b>Wednesday</b>			

<b>B. Pharmacy Accreditations</b> <i>(attach proof of any accreditations)</i>			
<b>VIPPS</b>	<b>ACHC</b>	<b>DMEPOS</b>	<b>None</b>
<b>PCAB</b>	<b>JCAHO</b>	<b>VPP</b>	<b>Other:</b>

<b>C. Type of Pharmacy Services</b> <i>(check all that apply)</i>			
<b>General Dispensing</b>		<b>Central Rx Processing</b>	
<b>Hospital</b>		<b>Mail Order Only</b>	
<b>Central Rx Filling</b>		<b>Home Infusion</b>	
<b>Nuclear</b>		<b>Care Facility Filling</b>	
<b>Care Facility Consulting</b>		<b>Emergency Drug Kits</b>	
<b>Unit Dose</b>		<b>Home Health/DME</b>	
<b>OTC Pseudoephedrine Sales</b>		<b>Exempt CV Dispensing</b>	
<b>Prepackaging</b>		<b>EMS</b>	
<b>Collaborative Practice Agreements (CPA)</b>		<b>CPA Explanation</b>	
<b>Technician Product Verification</b>		<b>Prescription Delivery/Mail-outs/Mail Order</b>	
<b>Medication Therapy Management</b>		<b>Statewide Protocol-Naloxone</b>	
<b>Statewide Protocol-Immunization</b>		<b>Statewide Protocol-Nicotine Replacement</b>	
<b>CLIA-Waived Testing</b>		<b>Compliance Packaging/MedPaks</b>	
<b>Noncontrolled Substance Collector</b>		<b>DEA-registered Controlled Substances Collector</b>	
<b>Naloxone Standing Order</b>		<b>Other (please explain):</b>	

<b>D. Populations Served</b>			
<b>Human</b>		<b>Veterinary - companion animals</b>	
		<b>Veterinary - food-producing animals</b>	
<b>Nonresident pharmacies only - Number of prescriptions dispensed into Iowa last year:</b>			

<b>Compounding</b> (check all that apply)			
Sterile High-Risk	Sterile Medium-Risk	Sterile Low-Risk	
Sterile Immediate Use	Sterile Hazardous Drugs	Sterile Anticipatory	
Sterile for Patients in Other Facilities		Sterile Number of Other Facilities	
Number of sterile compounded preparations dispensed into Iowa last year:			
Non Sterile Simple	Non Sterile Moderate	Non Sterile Complex	
Non Sterile Anticipatory	Non Sterile Hazardous Drugs	Prescriber Office Use	
Number of non sterile compounded preparations dispensed into Iowa last year:			
Instate Pharmacies: Is the pharmacy shipping compounded preparations out of the state?		Yes	No N/A
If yes, is the pharmacy compliant with the required reporting to NABP's Information Sharing Network pursuant to 657 IAC 20.24?		Yes	No N/A

<b>FDA INFORMATION</b>			
Since your last application, has the pharmacy been inspected by the FDA?		Yes	No
If yes, date of most recent FDA inspection:			
Since your last application, has the FDA issued a Form 483? <i>(attach the FDA's documentation and your response to the FDA)</i>		Yes	No
Since your last application, has the FDA issued 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

<b>CONTROLLED SUBSTANCES</b> (Attach copy of DEA registration, if applicable)			
Do you handle controlled substances within or into Iowa?		Yes	No
DEA Registration #:		Expiration Date:	
Iowa CSA Registration #:		Expiration Date:	
Check schedules of controlled substances that you intend to dispense in or into Iowa:			
Schedule II Narcotic		Schedule II Nonnarcotic	
Schedule III Narcotic		Schedule III Nonnarcotic	
Schedule IV		Schedule V	
Number of controlled substance prescriptions dispensed in or into Iowa last year:			
Number of opioid prescriptions dispensed in or into Iowa last year:			

<b>CURRENT PHARMACY LICENSES, PERMITS, OR REGISTRATIONS IN OTHER STATES</b> <i>(attach additional pages if necessary)</i>				
STATE	LICENSE / PERMIT / REGISTRATION NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS

*The regulatory questions only require an affirmative answer if there has been a reportable offense specifically to the licensed location since the last application*

<b>DISCIPLINARY ACTIONS</b>	
Since your last application, has the pharmacy, any owner, or employee 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
Include a separate sheet of paper listing all disciplinary actions by any licensing authority against this pharmacy location and include documentation of any final disciplinary orders.	

<b>Since your last application, has the pharmacy, any owner, or employee been denied a license by any licensing authority?</b>	
<b>YES</b>	<b>NO</b>
<b>Include a separate sheet listing the final denial orders by any licensing authority against this pharmacy location and include documentation of any final denial orders.</b>	
<b>Do you have any knowledge of any investigations, complaints, or charges pending against this pharmacy location before any licensing authority?</b>	
<b>YES</b>	<b>NO</b>
<b>Include an explanation for any pending investigations, complaints, or charges.</b>	

<b>CRIMINAL HISTORY</b>	
<b>Since your last application, has the pharmacy, any owner, or employee 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.</b>	
<b>YES</b>	<b>NO</b>
<b>Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s).</b>	

<b>SIGNATURE</b>	
<b>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 license.</b>	
<b>Signature of Licensee or Designated Representative:</b>	
<b>Printed Name and Title:</b>	
<b>Date:</b>	

## NONRESIDENT PHARMACY ONLY:

<b>HOME STATE PHARMACY LICENSE INFORMATION</b> <i>(attach a copy of home state license, permit, or registration)</i>	
<b>State:</b>	
<b>License Number:</b>	
<b>Original Date Issued:</b>	
<b>Expiration Date:</b>	
<b>Current Status:</b>	

<b>REGISTERED AGENT</b> <i>(must be located in Iowa)</i>			
<b>Name:</b>			
<b>Street Address:</b>		<b>Suite #:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>

<b>INSPECTION INFORMATION</b> <i>(attach most recent inspection report which must comply with Iowa Code 155A.13A(1)"c" which dictates specific inspection requirements)</i>		
<b>Most Recent Inspection Performed by:</b>		
<b>Home State Licensing Authority</b>	<b>Iowa Board of Pharmacy</b>	<b>Other Pre-Approved Entity</b>
<b>Date of Most Recent Inspection:</b>		

<b>TOLL-FREE TELEPHONE NUMBER</b> <i>(required if the pharmacy is directly dispensing prescription drugs or devices to Iowa patients; if applicable, attach copy of label showing number):</i>				
<b>Toll-free telephone number:</b>				
<b>List Monday-Sunday hours of operation of toll-free telephone number:</b>				
<b>The pharmacy's toll-free telephone number allows patients to speak with a pharmacist who has access to patient records during the pharmacy's regular business hours.</b>	<table style="margin: auto; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> <td style="padding: 0 10px;">N/A</td> </tr> </table>	Yes	No	N/A
Yes	No	N/A		