



IOWA WHOLESALE DISTRIBUTOR FACILITY MANAGER CHANGE APPLICATION INSTRUCTIONS

To be used for facility manager changes only.

Submit the completed application, including the checklists, all attachments, and a check/money order in the appropriate amount made payable to:

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

Once a completed application is received, a fingerprint packet will be sent to the mailing address indicated on the application. The fingerprint packet is to be completed by the facility manager and returned to the Board for processing. **DO NOT UPLOAD 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.**

FOR ALL APPLICANTS: Applications for license changes shall be submitted to the Board within ten days of the vacancy. Board staff will process applications in the order received. A completed application will be reviewed and processed within 10 business days of receipt. Please allow four to six weeks for completion of the application process, including processing of the criminal history check, following return of the fingerprint packet. An incomplete application for a wholesale distributor license – facility manager change will be maintained for no more than six months. Failure to submit all required information within six months of submission of the original application will result in the application becoming null and void.

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

Facility Manager Change Application Fees	
Application Fee	\$750.00
Controlled Substance Act Registration (CSAR) Fee (if applicable)	\$90.00
Facility Manager Criminal Background Check Fee	\$45.00
A wholesale distributor that handles controlled substances is required to obtain a CSAR	
Late License Application Fees – These fees are due for applications that are not timely submitted but are submitted within 30 days of the required submission period	
Application and Penalty Fee	\$1500.00
CSAR and Penalty Fee (if applicable)	\$180.00
Facility Manager Criminal Background Check Fee	\$45.00
Reactivation Fees – The following fees are due for applications submitted more than 30 days after required submission period.	
License Reactivation Fee	\$2000.00
CSAR Reactivation Fee	\$360.00
Facility Manager Criminal Background Check Fee	\$45.00

IOWA WHOLESALE DISTRIBUTOR FACILITY MANAGER LICENSE CHANGE APPLICATION

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

APPLICATION CHECKLIST	
Facility Manager Resume	<input type="checkbox"/> YES
Facility Manager Government-issued ID	<input type="checkbox"/> YES
List of disciplinary actions taken against any professional or business license not previously reported to the Board and documentation of final disciplinary orders	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Explanation and documentation of violation(s) of any federal or state law pertaining to the possession, control, or distribution of prescription drugs not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A
List of each criminal conviction and court records of the conviction(s), and any pending criminal charges not previously reported to the Board	<input type="checkbox"/> YES <input type="checkbox"/> N/A
Update Controlled Substance Act Registration (if applicable)	<input type="checkbox"/> YES <input type="checkbox"/> N/A

1. FACILITY TYPE:	
Wholesale Distribution – Human Drugs <input type="checkbox"/>	Reverse Distributor <input type="checkbox"/>

If the business type does not fall into one of these two types, this is not the correct license or application.

2. APPLICANT/LICENSEE INFORMATION:	
Business Name (<i>name in which company is doing business at this location</i>):	
Legal Name (<i>if different</i>):	Iowa License Number:
Federal Tax ID#:	NABP e-profile ID #:
If this facility does not have an NABP e-profile number, one can be created by going to nabp.pharmacy	
FACILITY ADDRESS (<i>physical location of establishment which should be reflected on all sales invoices and shipping documents</i>):	
Address:	
Address:	Suite: <input style="width: 50px;" type="text"/>
City:	State: <input style="width: 50px;" type="text"/> Zip: <input style="width: 50px;" type="text"/>

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

Phone #:		Extension:	
Landline:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone (text messages):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Phone #:		Extension:	
Landline:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone (text messages):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: This must be an email that is regularly reviewed by the licensee – Board communications to the facility will initiate via this email. Email address of a license servicing agency is not acceptable – this address must deliver directly to the licensee or the licensee’s facility manager.

Email Address:	
Web site:	
MAILING ADDRESS (<i>where all correspondence regarding licensure will be sent if other than facility address</i>):	
Address:	Suite #: <input style="width: 50px;" type="text"/>
City:	State: <input style="width: 50px;" type="text"/> Zip: <input style="width: 50px;" type="text"/>

3. FACILITY MANAGER – the facility manager is the individual responsible for the day-to-day operations of the wholesale distributor (provide full legal name)					
Effective Date of Change ("immediately" or "upon receipt" not accepted):					
First Name:					
Middle Name:		Last Name:			
Previous Name(s) Used					
Street Address:					
City:		State:		Zip:	
Phone #:		Extension:			
Landline:		Yes	No	Cell Phone (will accept text message):	
				Yes	No
Alternate Phone #:		Extension:			
Landline:		Yes	No	Cell Phone (will accept text message):	
				Yes	No
Email:					
Date of Birth:			Social Security Number:		
Date started as Facility Manager at this Facility:					
As Facility Manager, I, _____, attest that I have adequate experience in prescription drug and device distribution, as applicable, and am actively involved in the daily operation of the distribution facility. I have and will maintain a functional understanding of federal and state laws, rules, and regulations pertaining to drug and device distribution, as applicable.					
I hereby swear or affirm that I, _____, have no felony convictions or convictions related to prescription drug and device distribution including distribution of controlled substances except those that may have been disclosed in this or previous applications to the Board.					
Signature:					
Date:					

4. CRIMINAL HISTORY		
Since the last application, have any of the applicant(s), owners, and/or facility manager been convicted of, or entered a plea of guilty, nolo-contendere, or no contest to a crime, other than a minor traffic offense, 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. (For example, you must report if your conviction was expunged, you received a deferred judgment, or received an executive pardon.)		
		YES NO
Include a separate sheet of paper providing a signed and dated explanation of each conviction and attach court records of the conviction(s). Do not include criminal records relating to another facility or location. Only include records and information for crimes relating to operations, activities, and licenses/registrations at this facility location.		
Attachment included:		YES NO

5. DISCIPLINARY ACTIONS (only include discipline for this location)		
A. Since the last application, has the applicant, or any owner, officer, partner, or facility manager 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
B. Include a separate sheet of paper listing all disciplinary actions by any licensing authority and include documentation of any final disciplinary order. Do not include criminal records relating to another facility or location. Only include records and information for crimes relating to operations, activities, and licenses/registrations at this facility location.		
Attachment included:		YES NO

C. Since the last application, has the applicant been denied a license by any licensing authority?	
	YES NO
D. Include a separate sheet listing the final denial orders by any licensing authority and include documentation of any final denial orders.	
Attachment included:	YES NO
E. Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?	
	YES NO
F. Include an explanation for any pending investigations, complaints, or charges.	
Attachment included:	YES NO

6. SIGNATURE	
and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against this license.	
Signature of Applicant:	
Date:	
Printed Name and Title:	
Business Telephone #:	Business Fax #:

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 chapters 252J and 272D. This 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 registrants; and may be shared with taxing authorities as allowed by law, including Iowa Code § 421.18.