



Iowa Pharmacist Licensure by Score Transfer Application Instructions

When completing this application, please be advised of the following:

- All sections of the application must be completed. **Incomplete applications will delay the issuance of your license.** 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.
- Additional information relating to pharmacist licensure in Iowa should be reviewed at [657 IAC Chapter 2](#).
- Submit this application, all required documentation, and payment (or qualified military veteran documentation, if applicable) to: **Iowa Board of Pharmacy, 6200 Park Avenue, Suite 100, Des Moines, IA 50321.**
- Note that information provided on this application may be disclosed pursuant to [657 IAC Chapter 14](#).

Application instructions – Iowa Board of Pharmacy License by Examination Application (this application)

1. This Application for Licensure by Examination must be accompanied by:

- one photograph of passport-quality or greater taken within the last six (6) months;
- except as provided for a qualified military veteran, a check or money order made payable to the Iowa Board of Pharmacy in the amount of \$297 (\$180 license fee, \$72 application processing fee, and \$45 criminal history background check fee) – note that all fees are **nonrefundable**;
- if a qualified military veteran, a copy of the appropriate documentation as provided on the application;
- if a foreign pharmacy graduate, documentation of the completion of 1,500 internship hours as provided below.

2. Once a completed application is received, a fingerprint packet and waiver form will be sent to the mailing address indicated on this application. The fingerprint packet and waiver must be completed and returned to the Board for processing. Make sure to identify a current mailing address – where you regularly receive and check mail. Your application is not considered complete until the fingerprint packet and signed waiver have been received by the Board.

Application instructions – NABP Licensure Examinations Application (via NABP)

The Iowa Board of Pharmacy engages the National Association of Boards of Pharmacy (NABP) to administer the required licensure examinations (NAPLEX and MPJE-Iowa Edition). Visit <https://nabp.pharmacy/> to submit an application to take the NAPLEX (and/or facilitate the score transfer) and MPJE-Iowa Edition, including any fees required by NABP. NABP will require, as a condition for exam eligibility, an official transcript sent from a recognized college of pharmacy (U.S. graduates) or a Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification (foreign graduates). Your NAPLEX score will be provided to the Iowa Board of Pharmacy but note that score transfer is only available for 89 days following the date of examination.

Foreign Pharmacy Graduates - FPGEC Certification and Documentation of Internship

1. The Iowa Board of Pharmacy engages NABP to determine pharmacy education equivalency for students who graduated from a pharmacy program outside the United States. Visit <https://nabp.pharmacy/programs/foreign-pharmacy/fpgee/> to complete the program requirements to achieve Certification in lieu of proof of graduation from a U.S. college of pharmacy.

2. Foreign pharmacy graduates must provide documentation of the completion of 1,500 hours of internship in accordance with the Board’s rules. Documentation of internship hours must be provided on the “Iowa Board of Pharmacy Affidavit of Non-College Sponsored Program” and submitted with this application.



Iowa Pharmacist Licensure by Score Transfer Application

Please type or print legibly in ink. Complete all application sections and sign.

Incomplete or illegible forms will delay the issuance of your license.

FEES	
Licensure by Examination Application – Check or Money Order (no cash) – unless waived pursuant to either option listed below	\$297
Waiver of license fee based on honorable or general discharge from military service within the past five (5) years <i>Applicants 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).</i>	\$0
Waiver of license fee if applicant’s household income does not exceed 200% of the Federal Poverty Level <i>Applicants must include the “Initial Fee Waiver Application” form.</i>	\$0
MILITARY STATUS	
Active Duty Military	Veteran
Spouse of Active Duty Military	

LICENSEE INFORMATION					
Full Legal Name:	(Last)	(First)	(Middle)		
Date of Birth:		SSN:		Gender:	Male Female
NABP e-profile ID:		Previous/Other Name(s) Used:			
PRIMARY ADDRESS:					
Street Address:					
Address:					
City:		State:		Zip Code:	
County:		Email Address (required):			
Telephone No. (required):			<input type="checkbox"/> Home <input type="checkbox"/> Mobile		
			If mobile, do you accept text messages	Yes	No
MAILING ADDRESS: (if other than primary address):					
Address:				Suite #:	
Address:					
City:		State:		Zip Code:	

COLLEGE OF PHARMACY					
Name of College:					
Street Address:					
City:		State:		Zip Code:	
Degree:	B.S. in Pharmacy	Pharm.D.	Date Received/Anticipated:		

EMPLOYMENT / RESIDENCY Please provide the following information for current or anticipated employment or residency program, if applicable; once employment/residency program is known, please notify the Board in accordance with Board rules.

Pharmacy Name /Residency Program:		Pharmacy License No. / Institution Name:	
Street Address:			Suite #:
City:	State:	Zip Code:	
Telephone No.:	Date of Hire:		

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 required 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**

Monitoring Program and Health Notice

Are you currently participating in a confidential monitoring program in a state other than Iowa? **YES** **NO**

The Board recognizes that licensees may struggle with health concerns, just like their patients, including mental health conditions, physical disabilities, and substance use disorders, which may impact practice. The Board expects its licensees to properly address health concerns by seeking medical care and/or limiting their practice, when appropriate.

The Board encourages licensees to utilize its practitioner health program when the symptoms of a health concern may have the potential to impair the ability to practice. More information can be found on the Board’s [website](#).

The inability of a licensee to meet the minimum standard of care as a result of inadequately addressing any health condition, which may impair their ability to practice with reasonable skill and safety to patients, could result in Board review.

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 license. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14. I attest that I have read and understand the Health Notice provided above.

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(1) and 272D.8(1). The number will be used in connection with the collection of child support obligations and/or 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 to notify the Board within 10 days of a change of legal name, residence address, or employment.