

IOWA BOARD OF PHARMACY

APPLICATION FOR TECHNICIAN TRAINEE REGISTRATION

400 SW 8th St Suite E, Des Moines, IA 50309

Please type or print legibly in ink. Complete all application sections and sign. **Incomplete or illegible forms will delay the issuance of your registration. Unsigned applications will be returned.**

Fees	
Applications postmarked within 30 days from date of hire in the pharmacy as a tech trainee	\$20.00
Applications postmarked more than 30 days from date of hire in the pharmacy as a tech trainee	\$40.00

1. Applicant Information: *(A copy of legal identification supporting your full legal name is required to be submitted with the completed application and fee)*

Full Legal Name: (Last) _____ (First) _____ (Middle) _____

Previous/Other Name(s) Used: _____ Date of Birth: _____

Address: _____ Social Security No.: _____

_____ Gender: Male Female

City: _____ State: _____ Zip: _____ County: _____

Email: (required) _____ Phone: (____) _____ Home Mobile

2. Current Employment: Indicate the Iowa license number for each pharmacy where you are currently employed as a technician trainee or will be performing the functions requiring technician trainee registration and the exact date of hire as a technician trainee.

Initial date of hire at the pharmacy, if different than date of hire as a technician trainee: _____

PHARMACY NAME, ADDRESS, CITY		PHARMACY LIC.#	DATE HIRED IN PHARMACY AS A TECHNICIAN TRAINEE
PIC NAME:	PHONE:	PIC Email:	

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

Academia <input type="checkbox"/>	Other-Pharmacy Related <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Non-pharmacy profession/employment <input type="checkbox"/>
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3. Previous Employment: List your employment experience for the past two years, starting with the most recent. Do not include current employment which you have already listed above.

BUSINESS/COMPANY NAME AND ADDRESS	POSITION TITLE	START DATE	END DATE

4. 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

5. Criminal History:

Have you ever 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 disclose 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 you received an executive pardon.) YES NO

If you answered 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).

	Date	List each charge, arrest or conviction	County	State	Outcome
1.					
2.					
3.					

Disciplinary History: includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation. If you answer yes to any question below, provide a description and attach final disciplinary orders.

Have you ever been disciplined by any licensing authority? YES NO

Do you have any charges, or knowledge of any complaints or investigations, pending before any licensing authority? YES NO

Have you ever been denied a license or registration by any licensing authority? YES NO

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

“Ability to perform required technician-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 pharmacists, providers, other technicians, pharmacy support persons, and patients
- The ability to perform required tasks such as filling prescriptions, stocking medications, replenishing pharmacy supplies, and other tasks as determined by the pharmacist on duty

“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 technician, or has adversely affected the ability to function and perform the duties required of a technician 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.

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

a. Do you currently have a mental condition that in any way impairs or limits your ability to perform the duties of a technician with reasonable skill and safety? YES NO

b. Are you currently engaged in the illegal or improper use of drugs or other chemical substances? YES NO

c. 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 technician with reasonable skill and safety? YES NO

d. 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

e. 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 technician, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? YES NO

If you answered yes to any of the above questions, on a separate sheet of paper provide a signed and dated explanation and submit the “Verification of Medical Condition” form which is to be completed by your treating physician(s). The form is available on our website at pharmacy.iowa.gov.

I hereby swear 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 technician registration. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

7. REQUIRED SIGNATURES:

Signature of Applicant: _____ 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(l), 261.126(1), and 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.