

# CONTROLLED SUBSTANCES ACT REGISTRATION APPLICATION (Individual Practitioners)

**Iowa Board of Pharmacy**  
 400 SW 8<sup>th</sup> St Ste E  
 Des Moines, IA 50309-4688  
 515-281-5944  
<https://pharmacy.iowa.gov/>



**New**  
**Renewal**  
**Change (No Fee)**  
 Specify: \_\_\_\_\_

**Registration/Renewal Fee: \$90**

**Additional penalty fee of \$90 imposed if renewed within 30 days after expiration**

**Total reactivation fee of \$360 imposed if renewed more than 30 days after expiration**

Submit check or money order payable to Iowa Board of Pharmacy – DO NOT SEND CASH

Iowa CSA Registration #: <i>(New applicants leave blank)</i>		Expiration Date:	
<b>1. REGISTRANT INFORMATION:</b>			
Full Legal Name:		(Last)	(First)
Professional Abbreviation:		Gender (Optional):	Male Female
Social Security #:		Date of Birth (MM/DD/YYYY):	
Previous/Other Name(s) Used:			
<b>2. IOWA PRACTICE OR BUSINESS ADDRESS: (Location of office or other practice setting in Iowa – not PO Box)</b>			
Business Name:			
Street Address:			Suite #:
Address Line 2 (Optional):			
City:	State:	Zip Code:	
County:	Phone #:	Work	Mobile
Email Address (Required):		Fax #:	
<b>3. MAILING ADDRESS: (If other than practice address)</b>			
Address:			Suite or Apt #:
Address Line 2 (Optional):			
City:	State:	Zip Code:	
<b>4. LICENSURE INFORMATION:</b>			
Type of Practitioner:		Specialty:	
Iowa Professional License #:		License Expiration Date:	
Federal DEA #:		DEA Expiration Date:	
<b>5. PRESCRIPTION MONITORING PROGRAM (PMP) REGISTRATION: On July 1, 2018 the "Opioid Bill" (HF 2377) became effective requiring any prescriber (veterinarians and researchers excluded) with a CSAR to obtain a user account with the Iowa PMP.</b>			
Yes, I am a registered user of the Iowa PMP.		No, I am not a registered user of the Iowa PMP.	
If not, please explain	I am a new CSA applicant awaiting issuance of my federal DEA registration.	I am a veterinarian or researcher and am exempt from PMP registration.	I am in the process of reinstating my federal DEA registration.
Excluding veterinarians and researchers - if you answer no, once your application is processed, the status of your CSA will be pending until you obtain credentials to access the PMP. You can register for the PMP at <a href="http://iowa.pmpaware.net">iowa.pmpaware.net</a>			
<b>6. CONTROLLED SUBSTANCES: Check schedules in which you intend to handle (including prescribe) any controlled substances.</b>			
Schedule I (Research Only--Must include a copy of the research protocol)			
Schedule II Narcotic	Schedule II Nonnarcotic	Schedule III Narcotic	Schedule V
Schedule III Nonnarcotic	Schedule IV		
Refer to <a href="https://pharmacy.iowa.gov/licensureregistration/controlled-substance-applications">https://pharmacy.iowa.gov/licensureregistration/controlled-substance-applications</a> for description of drug schedules.			
<b>ACTIVITIES: Check each action that you do or intend to do with controlled substances.</b>			
Prescribe	Administer	Dispense	

<b>LOST OR STOLEN CONTROLLED SUBSTANCES:</b>				
During the past two years have any controlled substances under your control or ownership been lost or stolen? If yes, indicate the number of incidents next to the applicable reason(s).			YES	NO
Break-In:		Armed Robbery:		Employee Pilferage:
Customer Theft:		Lost in Transit:		Other (explain in description):
<b>7. DISCIPLINARY ACTIONS: (New applicants must disclose all disciplinary actions described below)</b>				
Since your last renewal have you had a professional license revoked, suspended, or otherwise disciplined?				
			YES	NO
If yes, was the discipline related to controlled substances or does it limit your ability to prescribe?				
			YES	NA
Include a separate sheet listing the disciplinary action taken by any licensing authority and include documentation of any final disciplinary orders issued if not previously provided to this Board.				
Attachment included:			YES	NA
Since your last renewal, have you surrendered (in lieu of disciplinary action) or had a CSA or DEA registration, revoked, suspended, disciplined, or denied?				
			YES	NO
Include a separate sheet providing a signed and dated explanation of each surrender, revocation, suspension, disciplinary sanction, or denial and include documentation of any final orders issued if not previously provided to this Board.				
Attachment included:			YES	NA
Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?				
			YES	NO
Include an explanation for any pending investigations, complaints, or charges.				
Attachment included:			YES	NA
<b>8. CRIMINAL HISTORY: (New applicants must provide a complete history)</b>				
Since your last renewal have you 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 your profession, 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 you 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) if not previously provided to this Board.				
Attachment included:			YES	NA
<b>9. SIGNATURE:</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 registration. I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to exceptions in federal and state law.				
Signature of Applicant:				
Date:				
Printed Name:				

**ANY INDIVIDUAL PRACTITIONER WHO ADMINISTERS OR DISPENSES CONTROLLED SUBSTANCES AT ANY LOCATION WITHIN IOWA OTHER THAN THE PRACTICE OR BUSINESS ADDRESS SHOWN ABOVE (EXCEPT LICENSED HOSPITALS) MUST OBTAIN A SEPARATE REGISTRATION FOR EACH SUCH LOCATION.**

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, 261, and 272D. This 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; as an internal means to accurately identify registrants; and may be shared with taxing authorities as allowed by law, including Iowa Code § 421.18.