

**657—5.7(155A) Registration application form.**

**5.7(1)** *Required information.* The application form for a pharmacy support person registration shall require the following:

- a. Information sufficient to identify the applicant including, but not limited to, name, address, date of birth, gender, and social security number;
- b. Work experience;
- c. Current place or places of employment;
- d. Any other information deemed necessary by the board.

**5.7(2)** *Declaration of current impairment or limitations.* The applicant shall declare any current use of drugs, alcohol, or other chemical substances that in any way impairs or limits the applicant's ability to perform the duties of a pharmacy support person with reasonable skill and safety.

**5.7(3)** *History of felony or misdemeanor crimes.* The applicant shall declare any history of being charged, convicted, found guilty of, or entering a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100).

**5.7(4)** *History of disciplinary actions.* The applicant shall declare any history of disciplinary actions or practice restrictions imposed by a state health care professional, licensure, or registration authority.

**5.7(5)** *Sworn signature.* The applicant shall sign the application under penalty of perjury and shall submit the application to the board with the appropriate nonrefundable fees pursuant to rule 657—5.9(155A).

[ARC 8673B, IAB 4/7/10, effective 6/1/10; ARC 5543C, IAB 4/7/21, effective 5/12/21]